VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

0033	Item o 15 im G2	88 5/29/61 mh	1161189
1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE (Where decesse	
Washington	MARYLAND	Maryland	Washington
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		limits, write RURAL end give neerest town)
write RURAL and give neerest town)	06-		V
Hagerstown J. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital give streat address	Williamsport Md	RFD IS RESIDENCE
11			ON A FARM?
Washington County Hos	pital	Bower Ave #221	YES NO
DECEASED	Windle	Last 4. DATE OF	Month Day Year
(Type or print) Sarah	Lucretia Arn	sparger DEATH I	lay 23 1961
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED B		E (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOW	ED DIVORCED T	ay-23-1961 80	birthdey) Months Beys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	The second secon	1 11. BIRTHPLACE (County & State, or foreig	
done during most of working life, even if refired)	Home	Wolfsville Md.	U.S.A
13. FATHER'S NAME	0.510	14. MOTHER'S MAIDEN NAME	0.0.1
Simon P. Eccard		Effie Shuff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unkown) [(Ifyesgive were or detes of service)]			Addreg 21 Bower Ave.RF
No No	None Mr.	Rollie A Arnspar	ger Williamsport Md
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), and (c).		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Art	eriosclerotic	Heart Disease wit	th 3 days
4201/ DUETO COTO	nary insuffi	ciency.	
		diovascular Disea	se 7 yrs.
gave rise to immediate cause			
(e), steting the underlying DUE TO			
couse lest. (c)	ALITOIDISTING TO DEATH BUT NO	Y DELATED TO THE TERMINIAL DISCASS COME	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CO			PERFORMED?
3 Diabetes Mellitus.			YES NO K
PART II. OTHER SIGNIFICANT CONDITIONS CO. Diabetes Mellitus. 200. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of ite	m 18.)
3 20c. TIME OF INJURY Month, Dey, Year 20d	. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, ferm, 20f. (City or to	wn) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d Haur a.m. Whi	1101 111110	cry, streat, office bidg., etc.)	
	L	10 = 00 m 67 Mg	17 23 451 W 22 V
21. I certify that (1) (the XIX Sept.) atters saw the deceased alive on Max. 23	nded the deceased from A	11:50 pm	y, 199.4., that (I) (Ne) last
	19.O.L., and that	death occured at	
22e. SIGNATURE		DINES DIRECTOR DE	AFF SIGNED
22c. PHYSICIAN'S W TO TO	M.		DE CALOT
NAME (Type) W. T. Laym	an, M.D.	TOO LIGHT	ssional Arts Bldg.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION	(City, town or county) (State)
Burial May 27-61	Rosehill Cer	netery Hager	stown Md.
24 FUNERAL DISECTOR'S SIGNATURE A 229	(DADDRESS)		25b. REGISTRAR'S SIGNATURE
(West X xeal W.	illionsports	MAY 26 161	0 -1
		DATE MILE ZO OF	arthur & ff

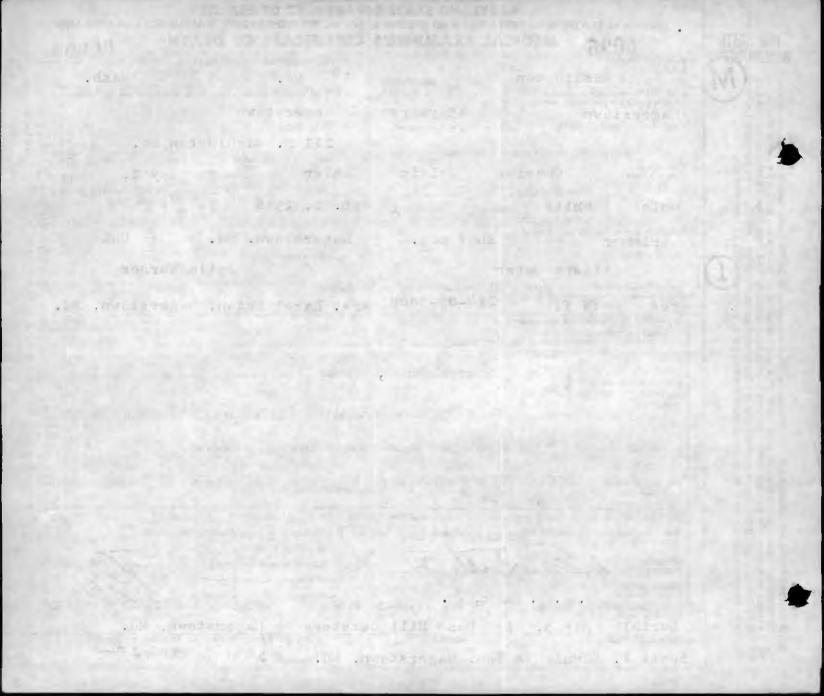
Med and themes all the book * Elevations A CONTRACTOR OF THE PARTY OF TH the manufacture to the course of the first test of the course note correct from Marri Discover and Additional of the alticionary Memory one on the contract of the same And the state of the cast the test. meet realities and again

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6096 MEDICAL EXAM	WINER'S CERTIFICA	TE OF DEATH	116084
i. PLACE OF DEATH a. COUNTY Washington	2. USUAL RESIDER	h colle	institution; Residence before edmission) TY Wash.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH write RURAL and give nearest town)	OF STAY IN 16 c. CITY OR TOWN	(If outside corporate limits, write	RURAL and give necrest town)
	years Hager	stown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre			. IS RESIDENCE
	/ 211 E	. Washington	St. YES NO TE
DECEASED	iddle Lasi 1vin Baker	4. DATE Month OF DEATH Ma	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BIRTH	9, AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
and I all states	VORCED X Feb. 2, 1	916 last birthday)	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trimmer Shoe m	fg. Hagerst		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN	N NAME	1
Albert Baker		Julia Wa	arner
	JRITY NO. 17. INFORMANT	Address	
Ves WW II 214-09	-5009 Mrs. Haze	1 Ecton, Hage	erstown. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)		2 200011, 11116.	I INTERVAL BETWEEN
DART & DEATH WAS CAUSED BY.			ONSET AND DEATH
11/7/4.1	Thrombosis		Recent
DUE TO	• 6		
gave rise to Immediate cause [lerosis, Severe		
(e), steting the underlying DUE TO			
Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT DELATED TO THE TERM	HINAL DISEASE CONDITION CIV	EN IN DART 10-14 TO WAS ANTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT	S DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	PERFORMED?
	URY OCCURED, (Enter nature of injury In Pa	art I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCU While Not While Not While Not work et work et work et work	le fectory, street, office bldg., et		(County) (State)
21. I certify that I took charge of the remains descri	bed above, held an Autopsy 3	Inspection, Inquir	y . and in my opinion
death resulted from: Natural causes 🔀. Acciden	nt . Suicide . Homicide	Undetermined m	anner
	CHIEF MEDICAL	L EXAMINER	
SIGNATURE A TO SILLA	A.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
EXAMINER'S		AL EXAMINER	13/11
NAME (Type) Dr. E. W. Ditto. Jr.		, city, lown, or county)	/ 6/
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME REMOVAL (Specify)	OF CEMETERY OR CREMATORY	22d. LOCATION (City, town,	or country) (State)
	Hill Cemetery	Hagerstown	, Md.
23. FUNERAL DIRECTOR ADDRES			ISTRAR'S SIGNATURE
Scott F. Minnich & Son, Ha	gerstown, Md DATE	AY 5 '61 Ch	Chur S. Knows

VS. A15ME 5M 7/59



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74

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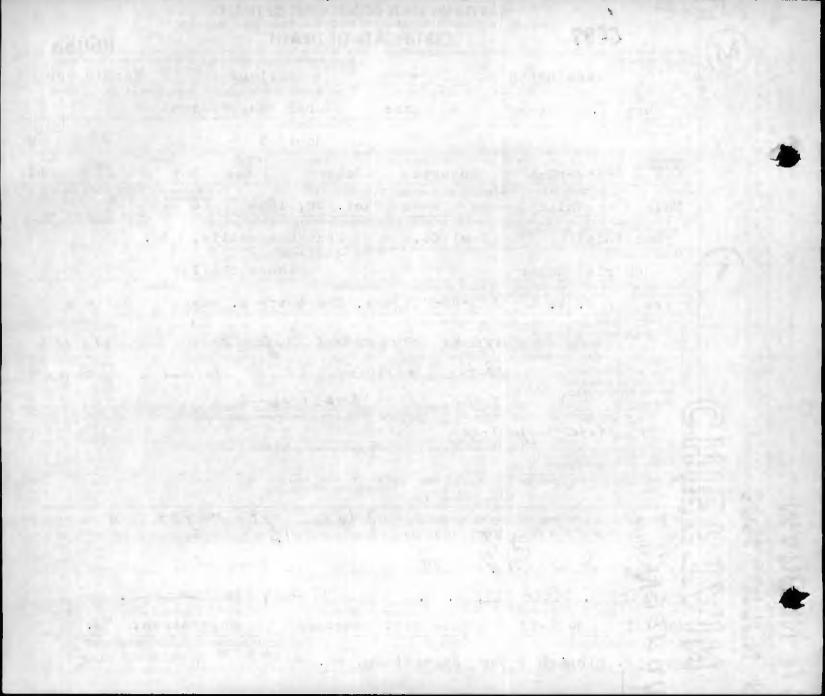
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6097

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08085

										311	1
1. PLACE OF DEATH o. COUNTY	Washingto	n	MARY		USUAL RESIDENCE (WHO STATE Mary	land	b. COUNTY			re odmiss ngto	
RURAL and give ne	outside corporate limits orest town] Hagerstow		c. LENGTH OF STAY I		Rural		role limits, write F cstown	URAL ond g	give neo	rest town	1)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspitol, gi	ve street	address)		d. STREET ADDRESS Route	1			1		FARM?
3. NAME OF DECEASED (Type or print)	rederick	ı	Augustus		tosi Baker	4. DATE OF DEATH	May	ith	28		Year 1961
5. SEX Male	E.74 4 4	7. MARR	NEVER MARRIE		ov. 20, 18	194	9. AGE (In years last birthday) 60 yrs.	IF UNDER Months	1 YEAR Doys	Hours	ER 24 HRS Min.
10a. USUAL OCCUPATIO during most of work Machin	ing life, even if retired)		KIND OF BUSINESS OF	RINDUSTR	Near Che		2.7		ZEN OI	WHAT	COUNTRY
13. FATHER'S NAME Char	les Baker				14. MOTHER'S MAIDEN N		nifler				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 73-03-032	17. INFO		e R.	Baker	_	ute	9 1	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DIV, which (b)	A C		yo ca	Hic blue herscher					S y	
Pros	take hyd	sert.						VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Par	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	v 20d. II While of war	NJURY OCCURRED Not while k of wark		OF INJURY (Home, farm y, street, office bldg., etc		or town)	(0	County)		(State
saw the deceas 22 SIGNATURE Sluriu 22c. PHYSICIAN'S	t (1) (this haspital) ed alive an MSs n L W + E	- 1	led the deceased to 19.6.1, and		ATTENDING M		the causes ar			stated	
NAME (Type) Edward 23a. BURIAL, CREMATIO		111	M. D.		REMATORY	23d. LOCA	hingtor	or county)	151	(Stat	te)
Buria (Specify)	5-31-61		Rose Hi	11 C		1	agersto		"d		
Scott F	s signature Minnich &	Sol	ADDRESS Hagers	town	111	D BY REGIST	14	STRAR'S SIC	1 .		



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 6098 CERTIFICATE OF DEATH the funeral director, should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) HAGERSTOWN d. NAME OF HOSPITAL (If not in haspital, give street addges) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION 12 5 YES NO IX IN ANGR ond 4. DATE OF DEATH NAME OF Middle Last Manth Year Day filled DECEASED 191961 4MANDA BENDER Pages death. (Type or print) 21, IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years campletely last birthday) Months DIVORCED WIDOWED | papers. 듄 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. RIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) TOUSE KEEPE pup ANK pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician WINGERD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT attending NO please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 2.10 2 days B2-OUCHO DUE TO permit. Conditions, if ony, which certificate has been signed gove rise to immediate **DUE TO** cause (a), staling the underlying couse last. **burial-transit** CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY crematian, PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work 21. I certify that (1) (this haspital) attended the deceased from [1] 21. 19.5 /. that (1) (we) last .ta_ and that death accurred at A.M., from the causes and on the date stated above. saw the deceased alive an... 1901 FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE ATTENDING PHYS. SIGNED MED. STAFF PHYS. pe M.D. Cla 22c. PHYSICIAN'S 22d. ADDRESS 3 should MAME (Type) Wishington St page 3 sh the State (23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) CHCOL 10 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 2 5 '61 Cithur & Kinus 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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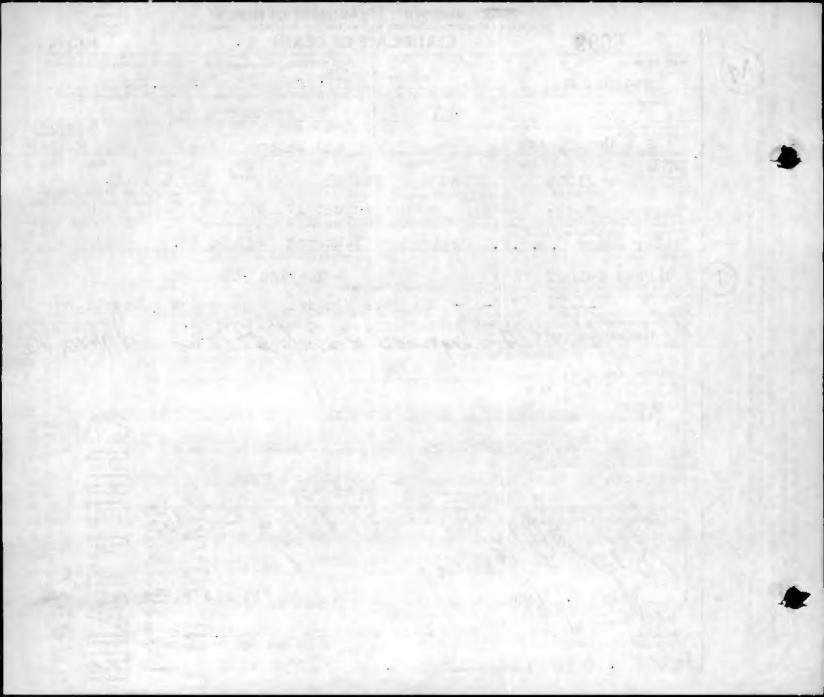
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6099 CERTIFICATE OF DEATH

1	3	10	£ .	6	7
	È	83	11	A	1
- 5	5	3.5	1.5		-6

	D. COUNTY	eton		MA	RYLAND	2. USUAL RESIDEN 0. STATE 1.2.TV1 B.T	-	b. COU			re admissi	ion)
1	b. CITY OR TOWN (III _RURAL ond give ne	outside corporate lim orest town)	its, write	c. LENGTH OF STA		c. CITY OR TOV	VN (If outside c	Orporote limits, wr			prest town)
-	Hagersto			9 Yrs	3		ersto	n				
	d. NAME OF HOSPIT	AL (If not in hospitol, (oddress)		d. STREET ADDI					e. IS RESI	
	# 58 mcr	owell Av	е			129 1	[cDowe]	1 Ave			YES [NO 🛂
	3. NAME OF DECEASED (Type or print)	JACOB	rst	Midd	ile T	Last	4. DA	0.0	Month 1 196	De		feer 9
ŀ	5. SEX	6. COLOR OR RACE	17 MADO	DEL NOBA	0150	8. DATE OF BIRTH		9. AGE (In y			IF UNDE	
	Male	White	WIDOW			August 1	7 187	lost birthd	yrs. Months		Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE	(State or foreign	n country)	12.CI	TIZEN O	WHATC	OUNTRY?
1	TOV A 9 mm S. c	ing life, even if retired	RR.	Retire	he	Thurmon	t Fred	1 Co Md		USA		
1	13. FATHER'S NAME	015 0 2 6 6		210 022	,	14. MOTHER'S MA	NDEN NAME					
1	Thomas	Benner				Cetho	mine N	unamake	20			
A	Thomas 15. WAS DECEASED EVER		RCES? 16	SOCIAL SECURITY N	NO. 17 II	FORMANT	TTHE V	CHISTUSTY (Address			
	(Yes, no, or unknown)	If yes, give war or dates of	service)	-10-5513			de Ber	mer 42		Low	7 4	
É	NO					S ATTRAIT	II a Dei	-	0 4.020	/1		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	77	1040C	ero	cal du	long?	18n	- 0		ERVAL BE	
	420:	DUE TO), , ,			/						, -
1	Conditions, if or)									
	gove rise to it					/						
1	lying couse lost.) (=)									
1	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMINAL DIS	EASE CONDITION	GIVEN IN PA	RT 1(o) 1	P. WAS A	LUTOPSY
	Ĕ										PERFO YES	NO [
9	PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of in	jury in Post I or	Port II of item 18	l.)			
4	3 20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d II	VJURY OCCURRED	20e. PL	ACE OF INJURY (Hon	ne. form. 20f.	City or town)		(County)		(Stote)
	Y 20c. TIME OF INJUR Hour a.m.	19	While	Not while	fo	ctary, street, affice blo	dg., elc.)		1.	(220))		(5.0.1)
	21. I certify tha	t (I) (this hospite	() attend	led the decease	d frams	5/1//	1. 19	05///	6.19	, th	at (I) (we) last
	saw the seceas	ed alive	16	19, an	nd that a	leath accurate	1 6 PA, fr	om the cause	s and on th	e date	stated	abave.
1	220. SIGNATURE	10	11	1			7				22t	DATE
	Kall	MI	4	-1111	_	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.				SIGNED
-	2/c. PHYSICIAN'S		11	ung	/	22d. ADDRESS					Md	
	NAME (Type	ph F. You	ing	1		101 Ea	st Pot	anac s	t will	l ian		党也
ŀ	230. BURIAL, CEMATIO	N, 23b. DATE THERE	OF	23c. NAME OF CE	METERY C			CATION (City, to		-	(Stote	-
3	230. BURIAL, CYMATIO REMOVAL Specify)			- W.			7.7	rerstow	187		o Mo	
9	24. FUNERAL DIRECTOR'	S SIGNATURE		ADDRESS 11	111	lenetery 125	a. REC'D BY RE		REGISTRAR'S S			4
	4	4	IJ		12							
F	Andrew K.	VOLUMEN	13000	erstown	M.C.	U/	ATE MAY A	'61	Calling &	TIAN	-	



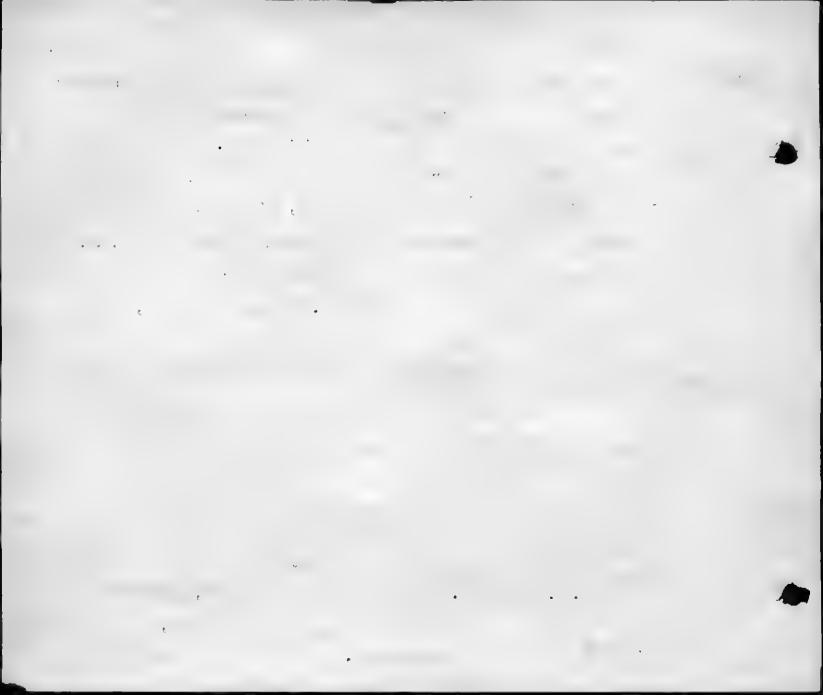
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH BRUSO

		· Land J -
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institutions R	asidence before edmission
Washington MARYLAND	Maryland b. COUNTY Way	hington
b. CITY OR TOWN (if outside corporate I mits, c, LENGTH OF STAY IN 1b	c CITY OR TOWN (If outs de corporate limits, write RURAL and	
wrife RURAL end give nearest lown)	4	
Hagerstown Life	Hagerstown	744
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS	IS RESIDENCE ON A FARM?
Washington County Hospital	300 Fridinger Ave.	YES 📄 NO 🔼
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Typa or pr of) Virgil Mary	Bingaman DEATH May	6 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 19. AGE (In years IF UNDER 1	
The state of the s		Pays Hours Min.
	41	TIN OF WHAT COLLIER
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)		ZEN OF WHAT COUNTRY
Dishwasher Restraunt	Hagerstown, Maryland U	.S.A.
13. FATHER'S NAME	14. MOTHER S MAIDEN NAME	
Milton Reser	Margie Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17.		-
(Yes, no, or unkown) (Ifyesgive wer or dates of service)	arry C. Bingaman Hagerstown, M.	See Lines
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)]	with of Dillanger mageracount is	I INTERVAL BETWEEN
	1 - 1 0	ONSET AND DEATH
IMMEDIATE CAUSE (e)	. of adress	_
195-0 DUE TO	1	-
Conditions, if eny, which \ (b) Should	all meterton	292
gava rise to immediate cause		
(a), stelling the underlying cause lest.		
107	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	_I 1(a) 19. WAS AUTOPSY
PART I OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NO	TALENTED TO THE TOTAL PAGE OF CONTROL OF CON	PERFORMED?
		AES THE
206. ACCIDENT WAS UNDERLYING _ 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING _ CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIBE HOW INJURY OCCURED OR CONTRIBUTION OF DESCRIPTION OF DESCRIPT	. (Enter nature of injury in Part I or Part I, of Itam 18.)	
3 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2Da. PLA	CE OF INJURY (Home, farm, 2Df. (City or fown) (Cour	nty) (State)
20c. TIME OF INJURY Month, Day, Yeer 2Dd INJURY OCCURRED 2Da. PLA Hour e.m. While Not While fach p.m. 19 et work et work	ory, street, office bldg., atc.)	
21. I certify that (I) (this hospital) attended the deceased from.	Mrs. 26 1057 10 MA- 6 101	2/ shal (I) (wa) lar
	1 . 674.	
	death occured at J.A.M., from the causes and on the	ne date stated above
220. SIGNATURE	ATTENDING MED. STAFF	S GNEL
- Lacker - M		3/8/41.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
L. L. Packer, Jr.	hagerstown, Maryland	Agentia de
238. BURIAL, CREMAT ON, 235. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, fown or county	(State)
Burial 5/9/1961 Cedar Lawn C	Hagerstown,	Maryland
24_FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
Suter - Rouzer Funeral Home Hagerstown.	Md. In. MAY 1 0 '61 Chathar 8 :	K. A



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 6101 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission PLACE OF DEATH .. couwwashington Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HURAL and give pearest lown)
Hagers town Menkh Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCI Western ON A FARM? Klinharts Street Maryland State Hosp. 430 YES NO TX HAWAY Midele LA SICE NAME OF 4. DATE Year DECEASED DEATH (Type or print) 196 S SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B DATE OF BIRTH 9. AGE (In years 65 yrs Months Doys Hours Female Negro 3-30-1896 WIDOWED [7] DIVORCED [10a. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Domestic Meetiland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Wallace Unknown IS WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address no Klineharts 5 no Jhonie Mae Blackston 430 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH neumonia PART I. DEATH WAS CAUSED BY. Bru Week IMMEDIATE CAUSE (a) DUE TO erebro vascular accident Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stoting the under lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1/2 THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19 WAS AUTOPSY PERFORMED? YES I NO ID 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Hour a m. While Not while at work of work Ø. m. 21 I certify that (1) (this haspital) attended the deceased fram April 19.6/ ..ta / 1.04 19.6.1. that (1) (we) last M, from the Eduses and an the date stated above saw the deceased alive an Ma and that death accurred at. 22a SIGNATURE 22b, DATE ATTENDING PHYS STAFF DIRECTOR -M.D 22c PHYSICIANS 22d ADDRESS NAME (Type 230 BURIAL CREMATION, 236 DATE THEREO 23d. LOCATION (City, Iown, or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BartiaTh 5-1 Fairview Frederick

Saints

250 REC D BY REGISTRAR

DATE MAY 2 2 '61

ADDRESS

West

Md

25b REGISTRAR'S SIGNATURE

Culling & Thrus

FUNER VR A15 (4) 1SM 9/59

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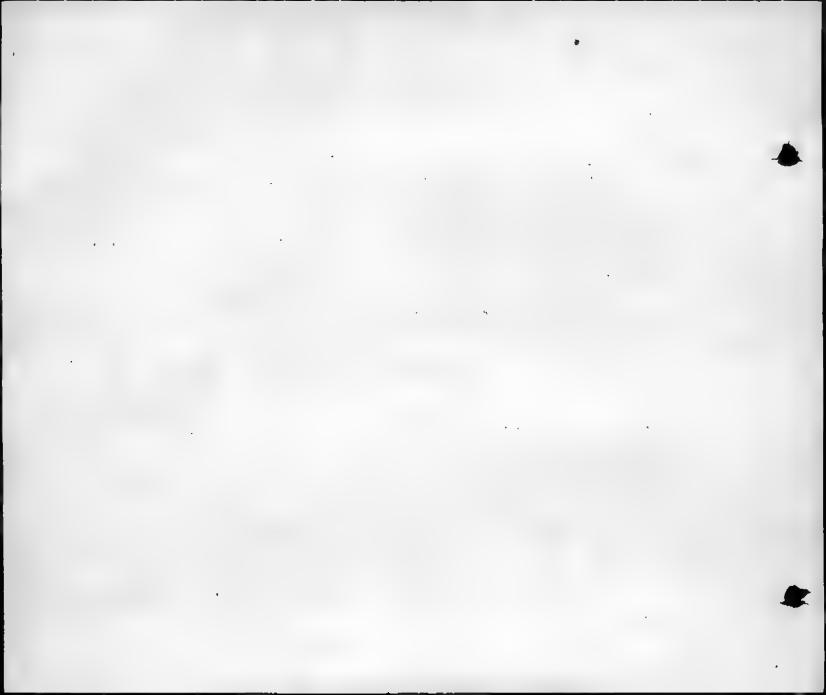
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Board

the

24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 6102

06090

PLACE OF DEA	Washingto	n	MARYL		a STATE	DENCE (WI		b. COUNTY			ss on)
b. CITY OR TOY RURAL ond g rural	NN (If outside corporate limited negrest town) Hagerstow	_	ength of stay in	N 16		own (If a		te limits, write R	-	ive nearest for	wn)
d NAME OF H OR INSTITUTE	OSPITAL (If not in hospital, g	nve street addre	35)		d. STREET A	DDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	El ton	st	Berry		Bowe		4 DATE OF DEATH	Mor	May	15,	Yeor 19 61
s sex femal	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIEI DIVORCED		DATE OF BIRT		79	AGE (in years lost birthday) 81 yrs		Doys Hours	
during most o	PATION (Give kind of work f working life, even if retired 150w116	done 10b. KIND	OF BUSINESS OR	INDUSTI			or foreign cou			EN OF WHAT	COUNTRY?
13. FATHER'S NAM	John Powe	11			14 MOTHER'S	MAIDEN N		len L.	Orri	s	
15. WAS DECEASE (Yes, no. or unknown)	D EVER IN U S. ARMED FOR		AL SECURITY NO	}	DRMANT				Iress		
no		no	ne	Mrs	. C.	L. 51	touffe	r, Hag	erst	wn, M	ld.
Canditians, gove rise cause (a), ste lying cause	DUE TO DU	Cere	bral he	teri	oscle:			CONDITION GIV	VFIZ IN PART	Indef	init
FIGURE ACCIDEN	IT WAS LINDERLYING [7]		HOW INJURY OC							PERF	ORMED?
	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)										
Hour o	NJURY Month, Day, Ye o m. o, m. 19		Not while _	20e. PLAC facto	E OF INJURY (ry, street, office	Home, form bldg , etc	n, 20f (City o	r fown)	(C	aunty)	(State)
		ay 11	he deceosed to 19.61, and	ram S that de	ept.	18 7:40	M, from t	ay 15 he causes or	, 161 nd on the		(we) last
M.D ATTENDING MED.								STAFF PHYS	_	/16/6	1 SIGNED
22c. PHYSICIA NAME (T		Kneisl	y, M.D	•	22d ADDR	55 148 Hag	West ersto	Washi	ngton rylan	Stre	et
230 BURIAL, CREM	MATION 236 DATE THEREG		NAME OF CEME				23d LOCAT	ON (City, town,	or county)	(51	ote)
buria.			Rose Hi	11 (emete	_		erstow	n, Mo		
	ctor's signature F. Minnich			town	. Md.		D BY REGISTR	AR 256 REG	ISTRAK'S SIG	Trans	
		~ W W L I I	as we produce the	A A AA T	y 0'444.0	74.10					

TO HOS VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

6103

#6#91

4_						
31	PLACE OF DEATH o. COUNTY	ALL BY LANG	2. USUAL RESIDENCE (Wh	ere deceased lived. If instituti	on Residence before o	admission)
iL.	WASHINGTON	MARYLAND	MARYLA	V SIAF	VASHINGTOI	^/
1	 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corporate limits, write R	URAL and give nearest	t town)
7	FAIRPLAY RURAL		* TAYLUR	S LANDIN	16	
	d NAME OF HOSPITAL (If not in hospito, give street	address)	d. STREET ADDRESS	3	e. I	S RESIDENCE
	FALIZ PLAV		1	7	\ Y	ON A FARM? ES ₩ NO □
1			<u> </u>	LUZAL		—
]	NAME OF DECEASED (Type or print)	Middle	Bouler	4. DATE MOR	nth Doy カム	19 6
S	SEX 16 COLOR OR RACE 7. MARR	IED NEVER MARRIED	B DATE OF BIRTH	9. AGE (in feors	IF UNDER 1 YEAR IF	
1	Anna Santa		20 h m . s. 60 h	lost birthdoy)	Months Days H	lours Min
١,	0a USJAL OCCUPATION (Give kind of work done 10b		THE TCH STRY 11. BIRTHPLACE (Slote	0000	12 CITIZEN OF WI	HATCOUNTRYS
1	during most of working life, even if retired)	KIND OF BUSINESS OK INDU	SIKT II. BIKINFUACE (SIOTE	or foreign country;	12 CHIZEN OF WI	HATCOUNTET
L	KETIRED EMPLOYEE 13	10-KiR.Co	TAYLORS	LANDING WAS	4 CO-NUD 4	15.12
13	3. FATHER'S NAME	,	14 MOTHER'S MAIDEN N	IAME		
	CHARLES BO	SYEIZ	ANNA C	ATHERINE	AKTZ	·
	5. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. Tes, no, or unknown) (f yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IF	FORMANT	Add	ress	
L	N/0: 22	10-10-3064 M	RI IRA BOVE	R CHNIBE	RLAND N	10.
-	18 CAUSE OF DEATH [Enter only one couse per lin			L .	INTERV	A. BETWEEN
П	PART I. DEATH WAS CAUSED BY:	M.G.B.	Pd: 12/1/	Fra. Kin	ST PHISET	AND DEATH
П	IMMEDIATE CAUSE (o)	THOCH	6-01 17 - 0X1	Y 	1 ////	1ºditt
П	DUE TO	' //			(,
L	Conditions, if ony, which (b)					
	gave rise to immediate (
L	lying couse lost (c)					
1		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GO	/EN IN PART 1(o) 19.	WAS AUTOPSY
CEDTIES ATION						PERFORMED?
1	20 ACCIDENT WAS UNIDERLYING FO 200 DES	CRIBE HOW INJURY OCCURRE	D. /Sutur nature of Intum in I	Part Los Part II of Jem 18 \		3 1,0 1
100	200 ACCIDENT WAS UNDERLYING (1) 206 DESC OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D, (chier notore of injury in i	Off t of coff if or field is j		
14 00000	20c. TIME OF INJURY Month, Day, Year 20d. II	fa.	ACE OF INJURY (Home, form ctory, street, office bldg., /etc.	, 20f. (City or town)	(County)	(State)
1	Hour a.m. While of world		dory, sireer, office orag., etc.	"		
1		-1/	1-1/1/10	5-121	1/10/16	414 4 4 4
L	21. I certify that (I) (this hospital) affend	.//	3/2-4-/5/14		19.6 - that	(l) (we) last
L	saw the deceased alive on 2/2/	4-19 and that a	leath occurred of	M, fram the dauses ar	on the date st	
L	220 SIGNAZURE	61	ATTENDING MI	5 57.65	- /	226, DATE SIGNED
П	A SIA TIN	0111 0	M.D PHYS.	RECTOR PHYS	3/7	2/6/
L	22 PHYS CAN'S NAME (Type)	1	22d ADDRESS		70	121
L	NAME (Type)				/ /	
-	30. BURIAL, CREMAT ON, 236. DATE THEPEOF	Table NAME OF PROPERTY OF	O COEMATORY	THE LOCATION (CIV. A.	ne acustul	(0)-4-1
ľ	analogic Calculation	23c NAME OF PEMETERY O	. 0	23d LOCATION (City, town,	LA FOLCE	(Stote)
-	BURIA MAY:27. 1961	1) DAKERSVILLI	E CEMETERY	DAKERSYILLE	MAIH	·WV
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'	D BY REGISTRAR 256 REG	STRAR'S SIGNATURE	
	John & societ 12	OBNS BORO 1	DATEMA	¥ 3 1 '61	Sur & House	

3 after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

0

R. RALPH

TO HOSP VR A15 (4) 1SM 9/S9



Thurmont,

Maryland.

IS RESIDENCE ON A FARM? YES NO 4

Year

19

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Glane

PERFORMED? YES NO

(State)

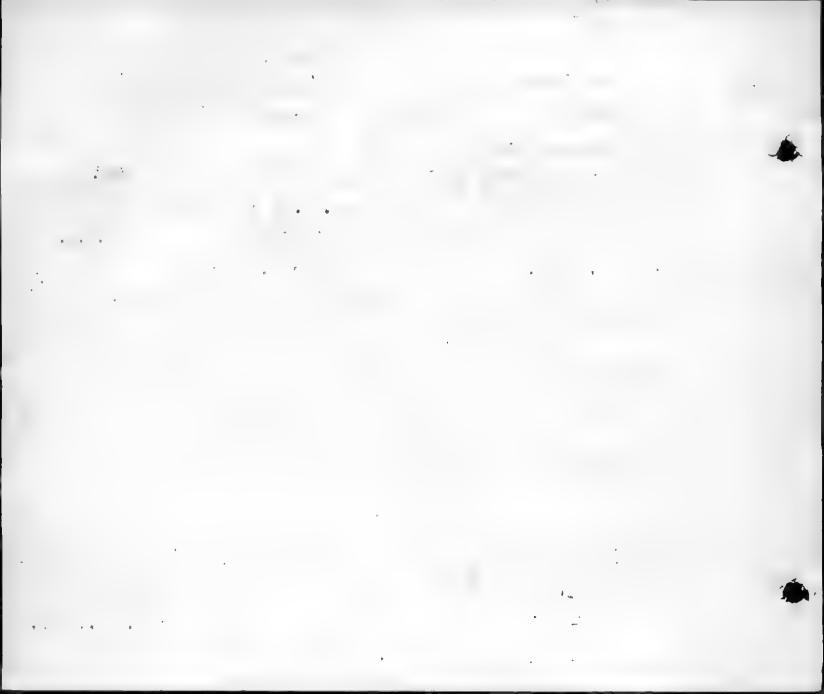
Md.

(State)

(County)

U.B.A.

VS A15 (4) 15M 9/5B



PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AND** CERTIFICATE 1-1m 1-10b 1/14/01 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hived, if Institution, Reside a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if pulsida corporata limits c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give n write RURAL and give neacest town) d NAME OF HOSPITAL OR INSTITUTION (If hot in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF DECEASED OF (Type or print) DEATH 19 and cor 5. SEX 9. AGE (In your I IF UNDER I YEAR IF UNDER 24 HRS. OR RACE T, MARRIED NEVER MARRIED day) Days Months Hours WIDOWEDY DIVORCED fing physicia≡ a 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? ountry) dona during most of working life, even if ratired) House Wife .Fredk.Co.Md Lanta 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME affending Buhrman Amanda David Toms ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 117. INFORMANT Address oval (Yas, no, or unkown) i (Ifyas giva war ordates of servica) G-Earl Buhrman Nο Lantz attending physician. 18. CAUSE OF DEATH [Enfar only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immadiala causa **DUE TO** (a), stating the underlying 4 has # PART I. OTHER SIGNIF ONT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT D TO THE TERMINAL DISEAS CONDITION WAS ALTOPSY certificate PERFORMED? NO [20a. ACCIDENT WAS UNDERLYING [28b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH After this acilled ģ 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stata) Morth, Day, Year (County) factory, streat, office bldg., atc.) Not While Hour a.m. at work at work 4 may be retaine.
DIRECTOR: / D.M 19 5 21. certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D FUNERAL

FUNERAL

For page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23d. LOCATION (City, town of county) I'S CO ISING THE 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) 0:23 Germantown Ch.of God Cem. Nr Cascade Fredk.Co BUNERAL DIRECTOR'S AGAS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SEGNATURE ADDRESS VR A15 (4) MD DATEMAY 8 15M 9/60 Thurmont. mond Creager <u>'61</u> Orthus & Heave

MARYLAND STATE DEPARTMENT OF HEALTH



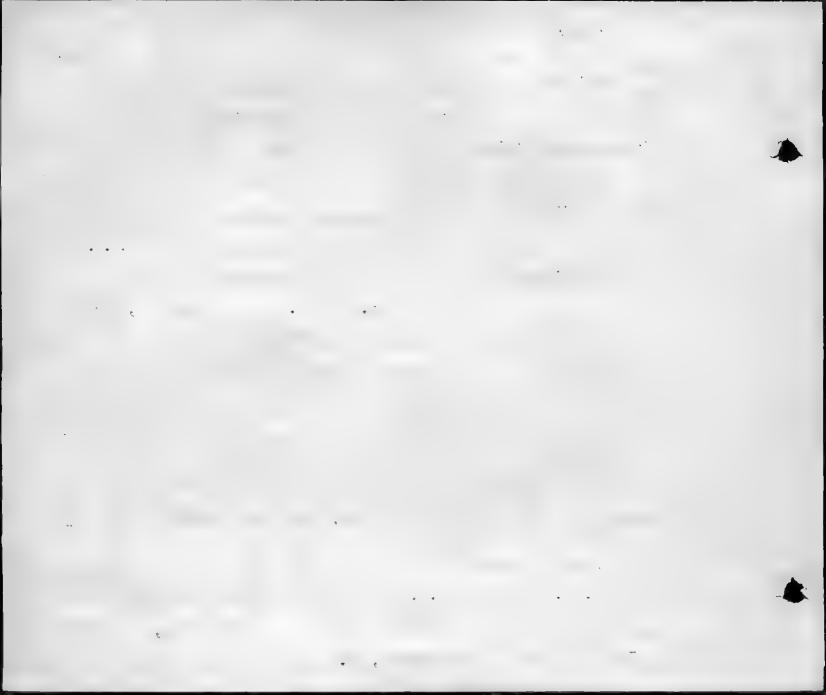
VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12 C 44 C) 3

								10 Hill 44
1,	. PLACE OF DEATH	1		2. USUAL RESIDEN	NCE (Where decas:	ied lived, If institu	tion: Residence	ce before admission)
	W	ashinghon	MARYLAND	a. STATE Man	ryland	B. COUNT	Washin	gton
-		if outside corporate limits,	c. LENGTH OF STAY IN 16	e. CITY OR TOWN	(If outside corporete	limifs, writa RUR.	AL and giva n	nearest town]
		stown	Life	H	agerstown		47	
1	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hosp	itel, give street address)	d. STREET ADDRESS		_		on A FARM?
		n County Hospita	L	1056 Bee	chwood Dr	ive		YES NO X
3	. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	geat.
	(Typa or print)	ELIZABETH	BOYLE	BURGER	DEATH	May	12	19 61
5	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	DATE OF BIRTH		GE (In years IF Ut	DER 1 YEAR	Hours Min.
9	Female	White WIDOWE	DIVORCED N	ovember 20,		64 yrs.	IIIs Delt	77.11
1	00. USUAL OCCUPAT	ION (Give kind of work 10b. Kli orking life, even If retired)	NO OF BUSINESS OR INDUSTR			ign country) 1	2. CITIZEN O	F WHAT COUNTRY
	Housewife	Avena and a contact		Hagersto	own, Mary	Land	U.S.A.	
1	3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
ı	An	drew Zinkand		Par	ma Snyder			_
		ER IN U.S. ARMED FORCES? 16. ! [fyesgivewerordetesofservice]	SOCIAL SECURITY NO. 17.	NFORMANT		Address		
1	no		none Mr	. Frank W. I	Burger H	agerstown	a. Mary	rland
П	B. CAUSE OF I	EATH [Enter only one cause per la		, 1			INT	ERVAL BETWEEN ISET, AND DEATH
	PART I. DEAT	H WAS CAUSED BY. MMEDIATE CAUSE (+)	DUB DUR	AL HEN	16RRHA	68		16 Juns.
	? ? ?	1 4						1
	Conditions, if en	which (b)	o History	of Accis	SENT)			
	geve rise to immed	iate couse	+	9				- Comban
	(a), steting the u							
12		R SIGNIFICANT CONDITIONS CON	TR BUTING TO DEATH BUT NO	T RELATED TO THE TERM	NINAL DISEASE CO	ADITION GIVEN IN	V PART 1(e) , 1	9. WAS AUTOPSY
NOITA								PERFORMED?
		AS UNDERLYING 1 206, DESC	CRIBE HOW NJURY OCCURED	(Entar nature of mury i	n Pert Lor Part II of	item IR)	1	is bil vo D
CEBTIE	OR CONTRIBUTING	CAUSE OF DEATH	ENDE HOLF HOOK OCCORD	(Eng. No sie of rejory i				
14	20c. TIME OF INJU	JRY Month, Day, Year 20d. 1		CE OF INJURY (Home, fa		lown)	(County)	(Steta)
MEDICAL	Hour e.m.	While to el worl		ory, streat, office bldg., e	olc.)			
-		that (I) (this hospita) attend		Apr. 26.	1967 to	May 12	1967.	hai (l) (we) las
	saw the deces	sed alive on May. 12.	19. 6] , and that	death occured at.	:30P	•		-
	22e. SIGNATURA	and an our states and a distance	, , , , , , , , , , , , , , , , , ,					22b. DATE
	13	VSI here &		ATTENDING	MED. DIRECTOR	STAFF PHYS.	Mon	35 3061
	22c, PHYSICIAN S	,100		22d ADDRESS		4.0	May	15,1961 Street
	NAME (Type	B. B. Kneisle	ev. M.D.		Hagerst			
2	DA BUR AL CREMAT	ION, 236 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		ON (City, Town or		(Stele)
1	REMOVAL (Specify)	5/1.5/1.961	Rose Hill C		**			Maryland
-	Burial DIRECTO				LEC'D BY REGISTRA	R 256. REGISTR	AR'S SIGNA	
1	Suter - R	ers signature ouzer Fuheral Hor	Hagerstown.			Cuthur &		
	11. desemble	Rereger	INTEGE S COMIT	TALLS VALUE	1 8 '61	Lineman is	* 1 A Dunna	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6107 FOR STAT Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Poge files. Health, Washington MARYLAND Maruland b. CITY OR TOWN III outs de corporale limite write RLRAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest fawn) your Haaerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RE IDEN E Washington County Hospital 318 N. Prospect YES NO NO 3. NAME OF Middle 4. DATE DECEASED Richard (Type or print) DEATH Waune Burd May 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 8. DATE OF BIRTH 5 SEX 9. AGE In years IF UNDER TYEAR, IF UNDER 24 HRS #ith Months White Davs Hours Male WIDOWED [DIVORCED [7] 10 CV 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working, life, even if refired) 12. CITIZEN OF WHAT COUNTRY? High School Student Hagerstown Md. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Russell H. Burd Viola 9 Ardinaer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT R.H.Burd N. Prospect St. Hagerstown, MdL None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Drowning Instant Office **DUE TO** Conditions, if ony, which gove tise to immediate cause **DUE TO** (o), sloting the underlying cours fost PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port H of Hem 18) PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. still in, when he suddanly soi in a loub water and drivered and injury occurred 4200 PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stot Month, Day, Year factory, street, office bldg., etc.) While m of work of work Ant Creek . T. Etna .d. Haverstown 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry opinion death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined monner ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) Dr. E. W. Ditto, Jr. Shoul FUNE 270. BURIAL CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specily) 7 E May 17, 1961 Kest Haven Ceneteri Maryland Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAD 246. REGISTRAR'S SIGNATURE A15ME Rest Haven Juneral Chapel Hagerstown. Md. DATE MAY 1 6 161

ON A FARM?

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19 61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

256 REGISTRAR'S SIGNATURE

arthur S. France

25a. REC'D BY REGISTRAR

DATE

6108 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY p. STATE **b.** COUNTY MARYLAND Washington Frederick b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN Iff outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest lawn) Frederick-Rural-R.F.D.#1 Williamsport-Rural-R.D.# d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION Homewood Church Home Mt. Pleasant YES IN NO NAME OF Middle 4. DATE Month Day Yeor DECEASED OF (Type or print) GEORGE ALBERT astlouf 19 61 May 16 S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours DIVORCED [WIDOWED [January 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) USA Farming Maryland Retired Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Butts Albert Cashour Homewood Church Home. 17 INFORMANT IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO Mrs. Catherine E. Cashour. Williamsport, R.D. #2, Md No None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND BEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), slating the underlying cause last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 CERTIFICATION PERFORMED? YES NOTA 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (Stole) Doy, Year factory, street, office bldg., etc.) Hour a m. While Not while at work at work 21. I certify that (I) (this haspital) attended the deceased fram.... _____, 19____, that (1) (100) last PM, from the causes and an the date stated above 19 61, and that death accurred at 5 saw the deceased alive an : 22a S GNATURE 22b DATE SIGNED ATTENDING PHYS STAFF M.D DIRECTOR | PHY5 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown, or county) 230 BURIAL CREMATION. REMOVAL (Specify) Glade Cemetery Walkersville.

and carbon R physician event, within гетаме attending please duy permit gned attending physician. **burial-transit** has been cremation, certificate the FUNERAL DIRECTOR: å 3 should poge 3 sh the State 0

be filed

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requires that the death certificate be

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VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE

R. Etchison & Son, Frederick, Maryland

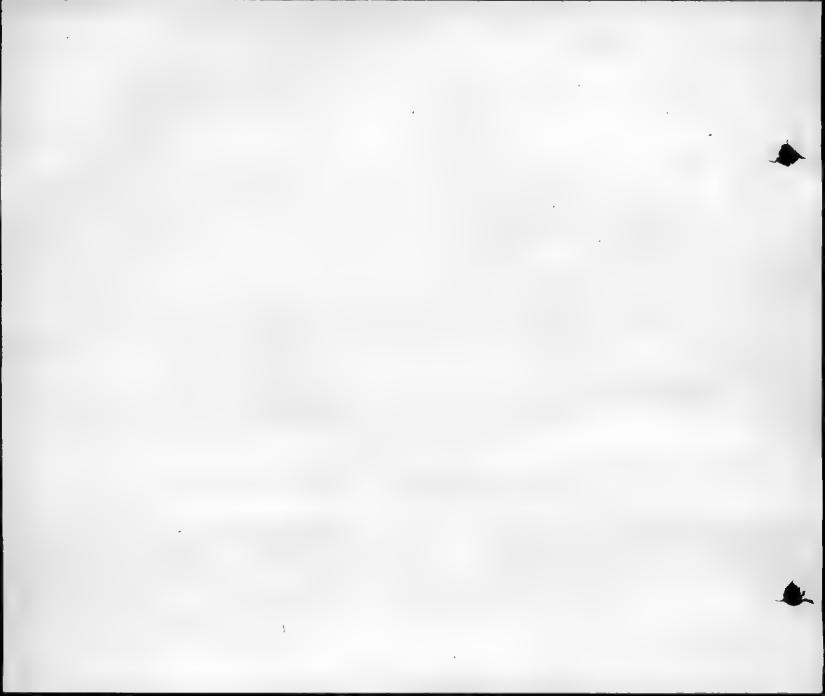


6109 Safter death. Page 4 may be retained by the haspital or attending physicion.

THE NERRAL MIRECTOR: After this camificate has been signed by the attending physician and mampletely filled in by the funancial director, page 3 shauld be detached for use as the buriol-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 77-frauts filter death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, 9 TO HOSF VR A1S (4) 15M 9/S9

02.00	
1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) STATE COUNTY
WASHINGTON MARYLAND	NIARVLAND B. COUNTY WASHINGTON
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HALF WAY , 124EARS	HALF WAY - BOUNER AVE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS
BOWER AVENUE	WILLIAMSPORT MO. R. 2 YES NO DE
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Manage 1 and 1 an	1512. ("LEM DEATH MAY - 26" 196/
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in yedrs IF UNDER 1 YEAR IF UNDER 24 HRS.
TEMALE WHITE WIDOWED DIVORCED !	SEPT-16-1879 81 yrs. 8 10
10d. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
HOUSE MIFE DWA HOME	NR. WILLLIAMSPORT WASH. CONID US.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
· OOHN WI SNYDIER	MARTHA, E. SNUDER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes, no, or unknown] [Iff yes, give wor or dates of service]	FORMANT Address
NO IVANE BI	ARBOOK CLEMI. WILLIAMSPOKT MO.R.Z
18. CAUSE OF DEATH [Enter only one couse per ine for (a), (b), one (c).]	INTERVAL BETWEEN ONSET/AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Rdial Le tero D'ory of Deal
42011 DUE TO	of the first of the first
Conditions, if any, which } (b)	//
gove rise to immediate cause (a), storing the under DUE TO	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING 1206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 1206 DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 204 CAUSE OF DEATH	(Enter nature of injury in Port 1 or Part II of Item 18.)
- I 1. Fac	ACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) tory, street, office bldg., etc.)
Hour o. m. While Not while of work at work	
21 certify that (1) (this haspital assended the deceased fram	5/2 /6/9 a, to 5/2// (19 , that (1) (we) last
200 / 5/ //	eath accurred of MM, from the causes and an the date stated above.
22a. SIGNATORE	22b. DATE
Rallela Felizare Q 7	M D. PHYS. DIRECTOR D STAFF
21 PHYSICIAN'S NAME (Type)	22d. ADDRESS
230 BUR AL, CRENATION 236 DATE THEREOF 236 NAME OF CEMETERY OF	R CREMATORY 23d COCATION (City town or caunty) (State)
PERMAL MAY 29-1961 MOUNTHIN VIE	W. CEMETERY SHARDSPIKE MID.
24 FUNERAL PIRECTOR'S SIGNATOR ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Tolundy Most. BOCALS BORD	IXID. DATE STAN 2 161 Calling & Known

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

461198

1	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (If institution: Resident	ce before admission)		
	Washington	MARYLAND	offatt /lan	d mashi	COUNTY			
	b. CITY OR TOWN (If outside perporate limits, write RURAL	c. LENGTH OF STAY IN 16		outside corporate limi		give nearest town)		
1	Hagerstown	D. O. A.	Hagerstown					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE		
	wash County Hospital		2411 Min	er Ave	4	YES NOCK		
3	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year		
	(Type or print) HATTIE SA	NMER CORD		DEATH RAY	15,	19 51		
S	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.		9. AGE (In lost birth)	day)			
	Female Thite WIDOWED		Lay 24,193	30	yrs. Months Di	cys Hours Min.		
10	Od. USUAL OCCUPATION (Give kind of work done 10b. Kind uring most of working life, even if retired) Nurses Alde	nd of Business or industr sh.Co.Hospit	EL Floya, G	or foreign country)		U, S. A.		
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME				
١L	Rev. George R. Sanner		Lois Le	onard				
/[]	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		FORMANT		Address			
L	17	28-0826 "1	lbur L.Con			Ave.		
	18. CAUSE OF DEATH Enter only one cause per line for	or (o), (b), and (c).]		egers to an	C.DII. VO	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	ture Cervical	Vertebra			Instant.		
1	DUE TO							
L	Conditions, if ony, which) (b) Com.)	ound Comminute	d Fracture	disht Lex				
	fol stailing the underlying DUE TO							
١.		a Abdorinal He				Instruct		
3	PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?		
3						YES NO 🔀		
MOINT PROPERTY.	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	HOW INJURY OCCURRED. (E	nter nature of injury in Por	t I or Port II of item 18.	.}			
		by auto while	crossing hi	hway.				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN White	Not while focto	rv. street, office bldg., etc	1	(Count			
277		d of work - Courte	11 power	⊿ve. Hate	rstorm, Wa	ach Md		
	21. I certify that I took charge of the re				n 🔼, Inquiry	, and find that		
	death resulted fram: Natural causes	J, Accident 🚉, Suic	ide 🔲, Hamicide	, Undeterm	ined cause [].			
	ACTUAL 1 SUI 6	X				DATE SIGNED		
	SIGNATURE	un	"M.D. CHIEF MEDICAL E					
	EXAMINER'S	1	ASSISTANT MEDIC		Way 16, 1	10.07		
-	NAME (Type) Dr. E. Dillo	. S	DEPUTY MEDICAL	12.0				
2	REMOVAL (Spec fy)	22c. NAME OF CEMETERY OR		22d. LOCATION (City,	**	(Stote)		
2	Burial 5/18/61 5/18/61	Rose Hill (Cemetery 120	Hagersto		CO. MITYLIN		
1					b. REGISTRAR'S SIGN	1 #		
	Andrew K. Colfnan Hag	erstown, Lar	y Lana DATE M	AY 1 9 '61	CONT-1 /A.			



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

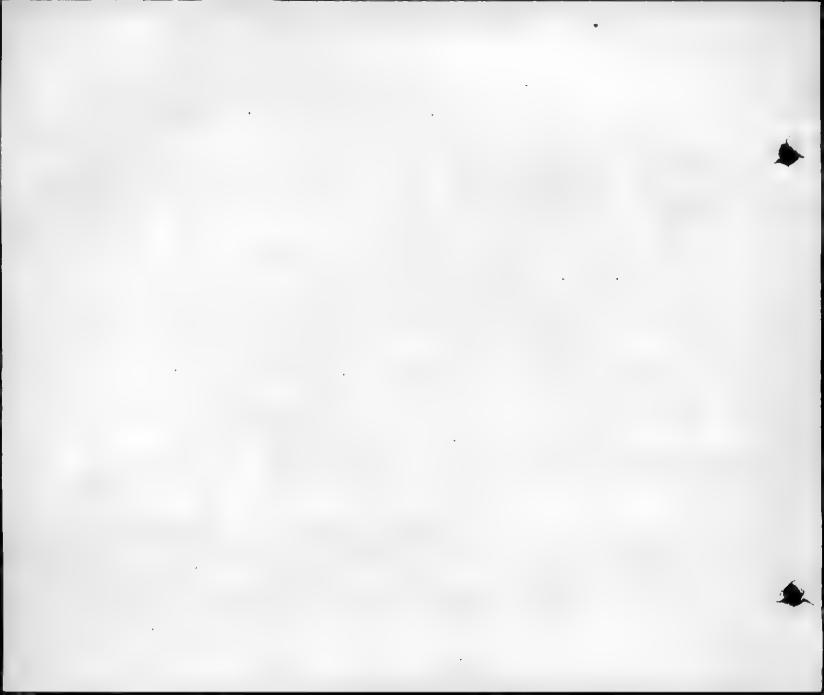
CERTIFICATE OF DEATH

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE MARYLAND NASHING-TON VASHINGTON CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 12 STOUVAL CLEIRSTOWN 0 d. NAME OF HOSPITAL (If not in haspital, give street oddress)
OR INSTITUTION STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X MASH VA. HOSPITAL NAME OF First Middle DATE Year DECEASED (Type or print) DEATH CRONISE 19 6 MARRICHANI 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days DIVORCED F WIDOWED N 7 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) DOCNSBORD WASH. CO-MP. U.S.A. HOUSE WILEE 13 FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? HAGIERSTOWN FOUR HIE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line, for (o), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NOY 20a. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED LEtter volume of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) (State) Day, Year (County) factory, street, office bldg., etc.) Hour a m. While Not while of work al work p. m. 1957, to M. M. 61, that (1) (Net last 21. I certify that (I) (this haspital) attended the deceased fram. 19 5 saw the deceased alive on and that death accurred at M, from the obuses and on the date stated above 22a SIGNATO 22b DATE SIGNED ATTENDING STAFF MD DIRECTOR -22c PHYSICMN'S 22d. ADDRESS BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE MAY 3 1 '61 GNSBORD

papers. puo remave phys attending please that the death the permit Bued has been sig burial-transit affending certificate the 50 After this hed for FUNERAL DIRECTOR: pe Board should page 3 sh the State I m 9 VR A1S (4)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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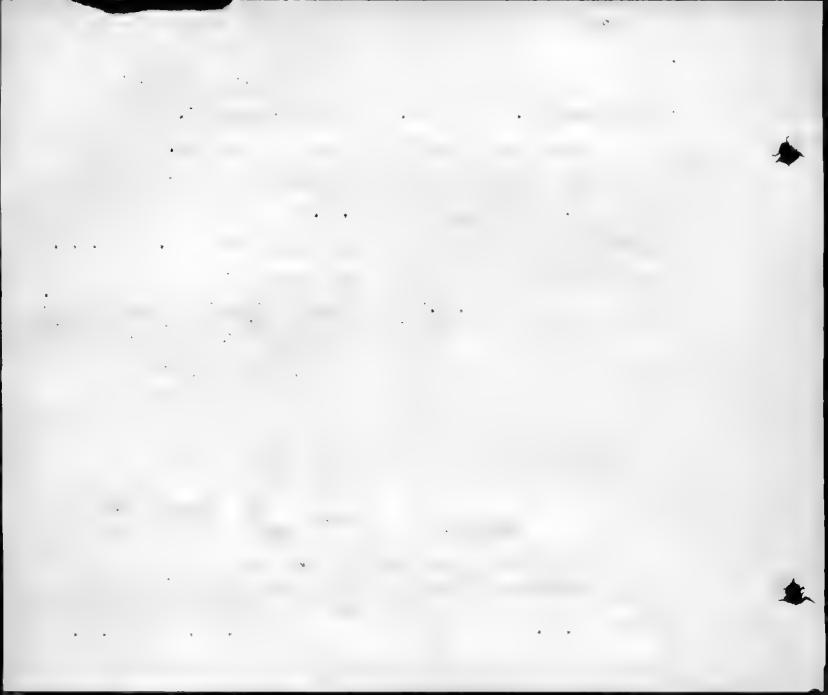
PLACE OF DEATH G. COUNTY				. 3. 2.	USUAL RESIDENCE g. STATE	(Where decea			idence before	odmission)
B. COONIT	Washingt	on	MARYL	AND	7.7	rland	Б. (COUNTY Was	ningto	n
RURAL and give ne	outside corporate (imi arest town)	ts, write c. LE	NGTH OF STAY II	N 1b	c. CITY OR TOWN	`	•		and give neare	st town)
	ancock Md		34 Yrs.		Rural		ock Me	d		
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street addres	\$)		d. STREET ADDRES	S			6	IS RESIDENCE ON A FARM?
	Home			- 4	Rural	Hanc	ock l	Vid.		YES NO
NAME OF DECEASED	Fin	sł	Middle		Cost	4. DATE		Month	Day	Year
(Type or print)	Cl	arence	A		Divelbi	BE DEAT	TH	5	8	1961
SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIES	D B. D	ATE OF BIRTH		9 AGE (UNDER 24 HRS.
M	W.	WIDOWED 🛐	DIVORCED		1.21.84		76	yrs.		Haurs Min.
	N (Give kind of work o ing life, even if retired)		OF BUSINESS OF	INDUSTRY	111. BIRTHPLACE (S	tote or foreign	n country)	12.	CITIZEN OF W	VHAT COUNTRY?
Farmin	7	Fa:	rming		Fulton		y Per	nna.	U.S	Α.
. FATHER'S NAME	-		_	1	4. MOTHER'S MAID	EN NAME				279
John H	Divelbis	8			Rebeco	a Dec	ker			*
. WAS DECEASED EVER	R IN U. S ARMED FOR		L SECURITY NO.	17. INFO				Address		Md.
No	in you give not or bolle or a	220	05.68	3B M	illarā H	Dive	lbis	s Rura	1 1 He	ncock
18 CAUSE OF DEA	TH [Enter only one co	use per line far	(a) (b), and (c).]	1		-				VAL BETWEEN
PART I. DEA	TH WAS CAUSED BY.	1	Bul	me	marian	1 Ex	ul	des	22-7	I AND DEATH
4221	DUE TO			A	0	4	1			-2-6-
Conditions, if or	ny which 1		-(-/t)	(la	4. 68	whole	MI	para	_	
gave rise to in	mmediate (1	10		11-1	1/1/4	5		
couse (a), stating !			1 Tus	Mi	o Tra	1/C	Re	112	26	
lying cause lost.	(c) (c) (c) (ER SIGNIFICANT CON	DITIONIC CONITE	ID ITALIC TO DEA	THE PLIT NO	T DELATED TO THE T	EBANANAN PAGE	ACE CONIDI	TIONI CIVENTIN	PAPT 1(m) 10	WAS ALITOPSY
PART II. OTH	IER SIGNIPICANT CON	DIBONS COMIK	IRDING TO DEA	IH BUT NO	A RELATED TO THE T	EKMINAL DISC	ASE COND!	IION GIVEN IN		PERFORMED?
					7			10.)		YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE	HOW INJURY OC	CURRED (E	inter nature of injur	y in Part I br I	Parl II of ite	m (g.)		
20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. INJURY	OCCURRED		OF INJURY (Home,		Lify or tawn)		(County)	(Stote)
Hour a.m.	19		Not while	factory	etreet, office bldg.	, etc.)	10		1.	
				- 1	18000.	60	Th	11.44.	61	
21 I certify tho	t (I) (this haspitol	H kee	/ /		fine.	19. 5 T.10	///			t (I) (we) lost
saw the deceas	ed olive on	may 7	1961, ond	that degr	h occurred of	M, fro	m the car	uses and on	the dote s	stated obove
220 S GNATURE	Ams	Ray	es.	1. Linds	ATTENDING PHYS	MED DIRECTOR	STAFF			22b DATE SIGNED
22c PHYSICIAN'S	1771111	16		A T C	22d ADDRESS	1/		* 4	1 / 1	
NAME (Type)	LMSI	44F1	CER			HAIS	CO	2/	Ma.	
Bo. BURIAL, CREMAT O	N, 236 DATE THEREC)F 23c	NAME OF CEME	TERY OR @	REMATORY	23d LO	CATION (Cit	y, lown, ar cour	nty)	(Stote)
REMOVAL (Specify)	5.11.6	J W	oodrow	Unio	n	Pou	Pon	Morga	n W. W	
FUNERAL DIRECTOR			ADDRESS	1		REC'D BY REC		5b REGISTRAR		
140, -	1 2 4	1 12 1	4-1-		DATE DATE	MAY 1	7 '61	Gat	wy 8 Hz	
1171 1 17 10	m() // /	(. () ()	7 16 6 }	14 7634	E LEGIT KONIE				w] J 77	to di

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete y filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, crematian, ar removal, and in any event, within 72 hours ofter death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSE

s ofter death. Page 4

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

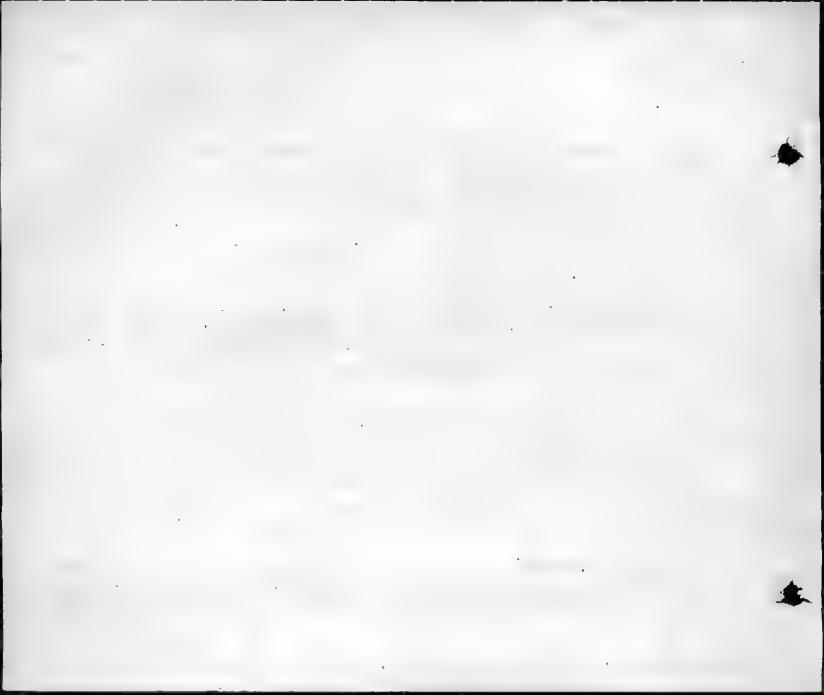
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and in any event, within // L hours are death.	
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	Mashin:t	on			MARYL	AND	a. STATE	pence (whe	ere deceased	b. COUNTY	4	nce befor	re admiss	ion)
	CITY OR TOWN (IF RURAL and give ned Hagers	outside corporate limit prest town)	ls, write		th of stay i	N Ib	. (0	own (If our lager		rate limits, write l		give neo	rest fown)
		AL (If not in hospital, g	ive street o				d. STREET A	Sale	n Ave	e				FARM?
	NAME OF DECEASED	RLINTA	HOI	RST	Middle D	UNK	LEBERGE		4. DATE OF DEATH	Nay 27	196	D ₀	•	Year 19
5.	Female	6. COLOR OR RACE	7. MARR	_	EVER MARRIEI DIVORCED		B DATE OF BIRTI	1877		9. AGE (In years lost birthday) 83 yrs.	Months	Days Days	Haurs Haurs	R 24 HRS. Min.
10c	. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)			BUSINESS OF Home	INDU				2 4	12.CIT	IZEN OF		OUNTRY
13.	FATHER'S NAME	h b. Hors	a +:				14. MOTHER'S	4		indle				
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.		ecurity No.		ds Ean				Iress			
IL CERT FICATION	PART f. DEAI 420,0 Canditions, if an gave rise to in cause (a), stating t lying cause last. PART fl. OTH	he under- to be under- to be under- to construct the under-to- to- to- to- to- to- to- to- to- to-	my my	lenie pra	Schild		NOT RELATED TO		Wye.		VEN IN PAR	ON	9 WAS PERFO	DEATH
MFDICAL	Hour a.m.	Month, Day, Yee 19 It (1) (this haspital ed alive on 27 FL FL V	While at work	ed the	while ork deceased	for fram., that o	ACE OF INJURY I chary, street, office 1950 Leath accurred ATTENDING PHYS 22d, ADDRESS 23d, ADDR	19_d at 9.30	ZL .ta	n TMa	, 19.4	*	stated	(Stole
	BURIAL, CREMATION REMOVAL (Specify) BUT 101 FUNERAL DIRECTOR'S	5/30/8	F /	Rei	2.4		onite	Cen	23d LOCA DECISION BY REGIST	-	ns,	CO GNATU	(Stot	e)
	Andrew K.	. Coffinan	How	e :3:	town	d.		DATE	JUN 1	'6]1	Circh	n 2.	the way	

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24. The steer death. Page 4 may be principled by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fined in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbor pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 1/2 hours after death. VR A1S (4) 1SM 9/S9



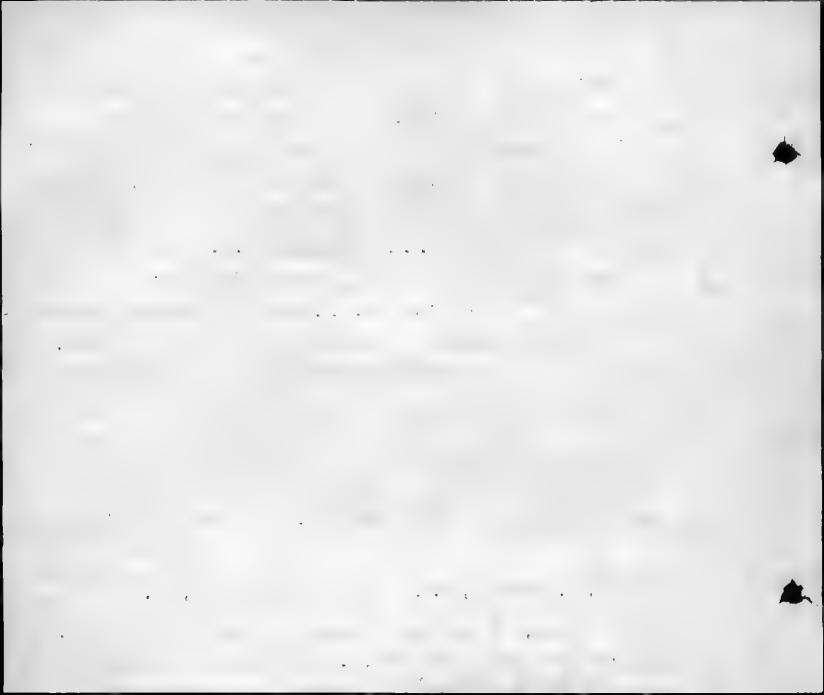
MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institut one Residence before admission) a. COUNTY Washington Washington c CTY OR TOWN (If outside corporate imits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate limits, e LENGTH OF STAY IN 16 write RURAL and give neerest town) Hagerstown Kagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) e. IS RESIDENCE ON A FARM? 680 Highland Way Washington County Hospital NAME OF DECEASED (Type or print) Ralph Earley May 28 19. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 74 yrs. Months | Days June 26, 1886 WIDOWED 10a. USUAL OCCUPATION (G va kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) dona during most of working life, even if ratired) Western Md.R.R. Carpenter Washington Co.Md. 13. FATHER'S NAME and Manzella Abiqail Hines James Alexander Earley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 705-10-4736 Mrs. H.R. Earley 680 Highland Way Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction 1 hr. IMMEDIATE CAUSE (a) DUE TO Indefinite Coronary atherosclerosis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Year 1 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm. 20f (City or town) [County, (Stata) factory, streat, office bldg., atc.) Not While Whila 21. I certify that (I) (this hospital) attended the deceased from May ... 137. 115 161. IMay ... 28, 1961 that (I) (we) last 19.61, and that death occurred at P. M. from the causes and on the date stated above saw the deceased alive on May 22a, SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 148 West Washington Street 22c. PHYSICIAN'S Kneisley, M.D. Hagerstown, Md. director, 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery Sharpsburg 258. REC'D BY REGISTRAR 258. REGISTRAR'S SIGNATURE REMOYAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel Hagerstown, Md. Leu. a. Vorot

physician

aftending

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TO HOSE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1 PLACE OF DEATH o, COUNTY		2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE b. COUNTY
	WASHINGTON	MARYLAND	MARYLAND. WASHIN GTON
	RURAL and give nearest town)	H OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in haspital, give street address)		d STREET ADDRESS 8 IS RESIDENCE
	NO. 10 MCKELDIN DR		IN MC KEI DINI DRIVE YES IN NO DR
7	3. NAME OF First	Middle	Lost 4. DATE Month Day Year
	DECEASED (Type or print)	F.	ASTER DAV OF DEATH MAY - 44 - 196/
	S SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED []	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	+EMALE WHITE WIDOWED X	DIVORCED	lost birthday) Months Days Hours Min.
	10b. USUAL OCCUPATION (Give kind of work done 10b KIND OF during most of working life, even if retired)	SUSINESS OR INDUS	TRY 11 (BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE OWN	HOME	FREDERICK COUNTY MD U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Γ	JOHN P. HALLEI	ζ	JANE
5	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SE [Yes, no. or unknown) [(If yes, give wor or dates of service)	CURITY NO 17 IN	FORMANT 10 MS KELDIN DR.
	NO NON	EM	RS. MARY LOHMAN BOOMS130120 IND.
	18 CAUSE OF DEATH [Enter only one cause per line for (a),	b), ond (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Dis A	ASCULA CACATA MA
	394X DUE TO	1	
	Conditions, if any, which) (b)	777	ws who centry / 1/2.
	gove rise to immediate cause (a), stating the under-	1-00	is a la contracto M.
	ying couse last (c)	1 200	NO Climb Why
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISPOSE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY, PERFORMED.
	5	p	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	/ INJURY OCCURRED). (Enter nature of injury in Port I or Port II of item 18)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC While Not work at all we of work at all we have a large of the state o	- Can	CE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) tory, street, office bldg., etc.)
i	Hour o.m. While Nat of work all w	W(11110	A. A. A.
	21. I certify that (I) (this haspital) attended the	eceased fram.	Nam 196 ta May 196 that (I) (we) last
	saw the deceased alive an	and that d	eath occurred atM, from the cares and an the date stated above
	22a SIGNATURS	3 /	ATTENDING / MED STAFF SIGNED.
	ON Y JAMA	, A	N D PHYS DIRECTOR PHY
	22c NHYSIC: AN'S NAME (Type)	101	22d ADDRESS TO REAL PROPERTY OF THE PROPERTY O
	700112 P PN	11 1	TIN HI ONN LA LUM
	REMOVAL (Specify)	ME OF CEMETERY OF	Asian ST.
1		HERAN C	EMETERY IVIII) LLIONN TRED. CO. MID.
y.	24 FUNERAL DIRECTOR'S SIGNATURE BOOKS!	RESS ROLL D	250. REC'D BY REG STRAR 256 REGISTRAR'S S GNATURE CILLING S, KINES
1	June 11 0001621	30100 //(DATE



TO DE TO BE TENICAL EXAMINER: This certificate should be executed millin 21 hillurs ofter death. If any of 27% is necessary, please exe-	cute. Cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune. Sector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for write-fules.	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, aremotion,	
TO DE THE MEMICAL EXAMINER: This certifico	cute we certificate, writing the word "pending forwarded to the Chief Medical Examiner's Of	TO FUNERAL DIRECTOR: Poge 3 should be used	or removal.

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	TATE DEPARTME L EXAMINER'S					97242		
	MARYLAND	o. STATE		ed lived. If Institut	tion: Residence be			
e limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	29 Yrs	Hage	ersto	"VIII				
TUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE		
Hd Road		1640 Fou:	ntain	Hd Rd.		YES NO T		
First	Middle	Last	4. DATE OF	Month	Day	Year		
I A.	ESHLI	EMAN	DEATH	Lav 20	1961	19		
OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH		9 AGE (in years lost birthday)	IF UNDER TYEAR			
ite WIDOWE	DIVORCED 🔲	Aug 25 188	74 yn.	Months Days	Hours Min.			
of work done 10b. K	IND OF BUSINESS OR INDUST		12. CITIZEN O	F WHAT COUNTRY?				
i remedj		Upton Fra	Upton Franklin Co Pa. USA					
		14. MOTHER'S MAIDEN I	MAME					
Eshlenan		Lary Largaret Lartin						
RMED FORCES? 16. S or dates of services	3-18-8524 D:					yland. irt. Bldg		
y one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH								
SED BY: CAUSE (a)	Undetermined N	lanner				meoks.		
DUE TO								
(6)								
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												-	
)	1.	COUNTY	ton		MARYLANI	- II	o. STATE	_	Habity B. COUNT		te befo	ore admissi	on)
	ь	CITY OR TOWN OF	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF				ive ne	grest town	1
		Hagerst	o _{'7} n		29 Yrs			ersto		2			
	d			f not in hos	pital, give street address)		d. STREET ADDRESS					e. IS RESI	
			tain Hd F	Road			1640 Four	ntain	Hd Rd.			YES	
	-[NAME OF DECEASED	Fire	2	Middle		Last	4. DATE OF	Month	1	Day	Yea	r
		Type or print)	JOHN	Α.	ESHI		A	DEATH	Lay 20	1961	,	19	
	5. \$	EX			D NEVER MARRIED	B. D/	ATE OF BIRTH		9 AGE (in years lost birthday)	Months D	EAR		24 HRS.
		Lule		WIDOWE	-		1g 25 188		74 yrs.		_1		
	_d	uring most of working	N (Give kind of work of life, even if retired)	lone 10b. K	CIND OF BUSINESS OR INDU	STRY		*			en of SA	WHAT CO	DUNTRY
	_	ADOTET FATHER'S NAME					Upton Fra		1 00 Pa	• 0	OH		
	13.					14	. MOTHER'S MAIDEN N			. 4 1			
力	15.		rank Esh			MISO			aret Lu				
	[Yes,	. no, or unknown)	(If yes, give war or dates of s	ervice)	3-18-8524 I	72	R.L.Harr	leon I	dagerst	own, L	ar:	ylung	d Biaz
		IR CALKE OF DEAT	H [Enter only one cau			- A. C.	At a D a LICULA L	19011	101699	1, 11~ T		AL BETWEEN	
		PART I. DEATH	H WAS CAUSED BY			7.15					ONSET	AND DEATH	
		3 0 1	MMEDIATE CAUSE (0) DUE TO		Undetermined	108	ner				3 *	reeks.	•
		Conditions, if on	_										
		gove rise to immedi (o), stating the u	ale cause			_							
		couse lost.	(c).										
	Z O	PART II. OTH	ER SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO DEATH BUT	NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19	WAS AU	TOPSY
	2	Bod√ was	to decom	osud	to do an auto	ימנו	V .				Y		40 Dr
	CERTIFICATION	20g. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING [DESCRIBE	HOW INJURY OCCURRED.	(Enter	nature of injury in Part	I ar Port II o	filem 18.)				
		20c. TIME OF INJUR		- Innt II	NJURY OCCURRED 200. PL	1.55							
	MEDICAL	Hour a. m.	· ·			ctary,	OF INJURY (Home, form street, office bldg., etc.	20f. (City	or town)	(Count	у)		(Stote)
	×	p. m.	19			_	1 11				-		
		•	_		emains described ab				spection .d,	''	الل	and fin	id that
		death resulted	Natural &	.doses _], Accident [], St	nicid	e [], Homicide	∐, Un	determined c	ause 🔼.			
		ACTUAL	1 261	20,	10		CHIEF MEDICAL EX	AMINER []				DATE SIG	NED
		SIGNATURE	7			M	.D. ASSISTANT MEDICAL EX	_					
		EXAMINER'S NAME (Type)	r- E. T. D	itro			DEPUTY MEDICAL E		- / ^	-51			
	22a.	BURIAL CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMETERY O	R CRE	MATORY	22d. LOCATI	ON (City, town, o	or county)		(Stote)	
	B	REMOVAL (Specify)	6/10/63	Sa	lem Luth Ch	ur	ch Cenete	ry L	arion F	enna			
	23. 1	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC'I	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN			
	A	ndrew	Cocum	H 22	by catomand		DATE JI	JN 13 '6	1 0	Thur S. 1	Them	A	

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before admission a. COUNTY **b.** COUNTY Washington Maryland Washington MARYLAND ました and death b. CITY OR TOWN (if outside corporate I mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearast town) write RURAL and give nearest town) Hagerstown Hagerstown vears Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 949 Forrest Drive 949 Forrest Drive YES NO 3. NAME OF 4. DATE Month Yaar Middle DECEASED OF FERGUSON. SR. DEATH (Type or or nt) JOHN 1967 BERTON Mav 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. lest birthday Months i January 8. Mal e WIDOWED DIVORCED 10a. USUA, OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ф dona during most of working life, even if retired U.S.A. Retired Civil Engineer Construction Co. Woburn, Mass. pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl John Ferkuson Annette Teare 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ferguson [Yes, no, or unkown] | (If yes give wer or detes of service) Mrs. Beulah Racky Hagerstown, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) Thrombosis DUE TO Arteriosclerosis - generalized Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? NO Z 1n 30 hs 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 208. ACCIDENT WAS UNDERLY NO DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., atc.) Not White White Hour e.m. et work at work may be retain DIRECTOR: 19 6....... and that death occured at//.A. M., from the causes and on the date stated above. saw the deceased, alive on... M. 3.4. 22b. DATE ATTENDING 220. SIGNATURE STAFF SIGNED DIRECTOR PHYS. FUNERAL 22d, ADDRESS 22c. PHYSICIAN ector, 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. REMOVAL (Specify) à d 0 Rose Hill Cemeterv Hagerstown. 258 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** DIRECTOR'S SIGNATURE Home R A15 (4) Hagerstown, IM 9/60 BATE.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF	
a. COUN	iY har

1. PLACE OF DEATH a. COUNTY	MARYLAND	a. STAŢĒ	ere deceased lived. If institution.	Residence before admissron)
"ashington		Lary Lar	ia Lashin	ton
b CTTY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If or	itside carporate limits, write RUR	AL and give nearest town)
in. erstown	D.O. A.	Hugersto	wm R 😤 5	
d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
or institution or shift shift in the shift i	1	Herman mye	ers would	ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
DECEASED		CO\$1	OF	
THE TOTAL CONTRACTOR	AMPERIAL	FILLIGH		1961 19 UNDER 1 YEAR IF UNDER 24 HRS.
_ 3.4		B DATE OF BIRTH		Manths Days Haurs Min.
Lale William William		Sept 25 18	885 75 m	
10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OF INDU	STRY 11. BIRTHPLACE (State of	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
Train Dispatcher ".1.	. R. R.	Paltimor	e City .d.	UJA
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
William N. Fleigh		Lary E.	Danka	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 II	NFORMANT	Addres	\$
(Yes, no, or unknown) (If yes, give wor or dates of service)			TT 1	ma mad D
410			Hannaker Read	
18 CAUSE OF DEATH [Enter only one cause per hi	ne for (a), (b), and (c),]	Hagerit	om Lu.	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Gncin ome	Losii		3gn
16/X DUE TO		,		
Canditions, if any, which) (b)	orciaone	7 (020.	7-1 X	7 400
gave rise to immediate (/ /		
cause (a), stating the <u>under-</u>				
/ (0)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO BEATT	THO I REDITED TO THE LEARNING	THE DISEASE CONDITION OF THE	PERFORMED?
2				YES NO X
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature at injury in t	art I or Part II at tiem 18.)	
		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		(Caunty) (State)
Haur a.m. While of war	TAOL AUTO	,		
21. I certify that (I) (this hospital) attend	lad the deceased from	1/4 100	11 10 37 /100	19// that (I) (wa) last
/ / A	/	mag sea	.i. 0	
saw the deceased alive an	17_4_f , and that a	leath accurred at 2.	m, fram the causes and	an the date stated above.
0 0 1 11	10-1	M D. ATTENDING ME	D STAFF	SIGNED
22c HINSICIANS	cuan	M D. PHYS COURT	ECTOR PHYS	5/27/61
NAME (Type)	Hazelle	1. ZZd ADJIKESS	, -	
~ (eva)d	1 O a chich	14 15-69	er, hour	nof
230 BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City, town, ar	caunty) (State)
EREMPYAY(Specify) 5/5/31	Rest haven	Cemetery	Hamerstown "	ash Co wit.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256, REGISTI	RAR'S SIGNATURE
Andrew K. Coffman	racitorn a	DATE JI	IN 1 '61 Ch	Chur S. Firaus

Safter death. Page 4

ths attenting physician and campletely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2 should be filled with may be Apained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has bleen signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	CE OF DEATH	shington		MARYL	AND	2. USUAL RESID	Md.	ere decease	d lived. If institution b. COUN	ry	lence befo		
ь	CITY OR TOWN (IF RURAL and give nec Hagersto		is, write	c. LENGTH OF STAY II	N lb		own (If a		rate limits, write	RURAL an	d give nec	arest town	a)
d. l	NAME OF HOSPITA	Mit Ave.,	jive street	address)		d STREET ADDRESS 610 Surjmit Ave.,							SIDENCE FARM?
3. NA	ME OF	Fig	st	Middle		Losi	1	4. DATE	N	onth .	Do		Year
	EASED pe or print)	Alice		Duke		Flohr		OF DEATH	5		29	,	19 61
S SEX		6. COLOR OR RACE	7 MAR	RIED NEVER MARRIED		B DATE OF BIRTH	1		9. AGE (in year	IF UND			ER 24 HRS
f	emale	white	WIDOW	DIVORCED		Feb. 21,	1869		lost birthday 92 y) Months	Days	Hours	Man
10a U	SUAL OCCUPATION works home	N (Give kind of warking life, even if retired	dane 10b	kind of Business or home	INDU	Chamb		or foreign o		12.0	US.		COUNTRY
13 FA	THER'S NAME					14. MOTHER'S							
	Ben	jamin F. D	ake			M	argar	et Bal	les				
		IN U. S. ARMED FOR		SOC AL SECURITY NO.	1	IFORMANT				ddress			
1143, 196	no	yes, give wor or dates or t	etalce)	none	Mr	s. L. E.	Schi	ndel	Lagers	town,	Md.		
CERT, FICATION	PART! DEAT Conditions, if an gave rise to in couse (o), storing I ying couse lost PART II. OTH CONTRIBUTING	H WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO y, which mediate he under- (c)	Myoc Occ Art Hyp	ine for (e), (b), and (c).] cardial Inclusion terioscler certensive contributing to dea	CE TH BUT	c Hear	t Di	sease ar Di	80880		ry 1	1 y	rs. ear
MEDICAL 02	Hour o.m.	Month, Doy, Ye	While			ACE OF INJURY (I clory, street, office		3)			(County)		(State)
2:	I certify that aw the decease to SIGNATURE 2c. PHYSICIAN'S NAME (Type)	BMno evilope	1) otten 129 1 1 1 1 1 1 1 1	n, M.D.	that c	May 22 Jeoth accurred ATTENDING PHYS 22d ADDRE	G M MI	M, from RECTOR O Pro	May 29 the couses STAFF PHYS of ession	nal	he date 5- Arts	stated	61 DATE
23a 8	JRIAL, CREMATION EMOVAL (Specify) UTLAL	6-1-61)F	23c. NAME OF CEME Rose Hil				- M	TION (City, tow	n, or count	y)	Md.	te)
24, FU	NERAL DIRECTOR"	SIGNATURE		ADDRESS	-		25a. REC'	D BY REGIS		GISTRAR'S			
Fre	d W. Kra	iss Hag	ersto	own, Md.			DATEUN	2 '61	a	Thun S.	thous	L	

TO HOST. OR ATTENDING EHVIICIAN: The last equires that the deoth certificate be emmuteil within 24 to after death. Page 4 may be to alread by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.



FOR STATE HEALTH DEPT. ICO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any, way is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fire. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permi). File pages 1 and 2 with the State Board of the analytic or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

4 + 62 4 1 X MY

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

MEDICAL EXAMINED'S CEDTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 431 Jefferson St. 3. NAME OF DECEASED (Type or print) BEZZIE MAE FORD DEATH May 12 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 6, 1883 PARM 100. USUAL OCCUPATION (Give kind of work done during most of working life, gven if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, gven if retired) 101. FATHER'S NAME 102. SOCIAL SECURITY NO. 17. INFORMANT 103. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 103. MARRIED STATE ADDRESS 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 6. STREET ADDRESS 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 6. STREET ADDRESS 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 6. STREET ADDRESS 7. AGTE ADDRESS 8. DATE OF BIRTH 9. AGE (In years life UNDER 1 YEAR Months) 18. DATE OF BIRTH 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1 YEAR Months) 19. AGE (In years life UNDER 1	1		2. USUAL RESIDENCE (Where dacassad lived, if Institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 40 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 431 Jefferson St. 3. NAME OF DECEASED (Type or print) BEZZIE MAE FORD BEZZIE MAE FORD 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 6, 1883 TOWN (If outside corporate limits, write RURAL and give nearest town) Hazerstown d. STREET ADDRESS 431 Jefferson St Page Manh Day Year OF DEATH Tay 12 19 61 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 6, 1883 TOWN (If outside corporate limits, write RURAL and give nearest town) Hazerstown d. STREET ADDRESS PAGE (In years of United Windlest) FORD DEATH Tay 12 19 61 S. SEX FORD Set United White Winder 24 Hrs. House Wilte Windlest Nov. 6, 1883 TOWN (If outside corporate limits, write RURAL and give nearest town) Hazerstown d. STREET ADDRESS PAGE (In years of United North Nor	1	l Washin tion	* STATE arvland b. Cashington
Hagerstown d. Name of Hospital or Institution (if not in hospital, give stread address) 431 Jefferson St.	-	b. CITY OR TOWN (if outside corporate limits,	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 431 Jefferson St. 431 Jefferson St 431 J	l		Hagerstown
431 Jefferson St. 3. Name of Deceased Deceased (Type of print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Set Details birthday) 12 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 15 16 16 16 17 17 17 10a. USUAL OCCUPATION (Give kind of work done during most of working life, gven if ratired) 10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address A	ľ		
3. NAME OF DECEASED (Typa or print) BEZZIE MAE FORD DEATH May 12 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 6, 1883 77 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, given if ratired) HOUSEWIFE OWN home Frederick Co. Md. 13. FATHER'S NAME ISIAh Cline Manzella Shank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	١	431 Jefferson St.	431 Jefferson St
(Type or print) BEZZIE MAE FORD DEATH MAY 12 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH female white widowed Divorced Nov. 6, 1883 77 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, gven if relived) HOUSEWIFE OWN home Frederick Co. Md. 13. FATHER'S NAME ISIAh Cline MARRIED NEVER MARRIED B. DATE OF BIRTH NOV. 6, 1883 77 yrs. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) OWN home Frederick Co. Md. 14. MOTHER'S MAIDEN NAME Manzella Shank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address			Lasi 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 10 Married White Widowed Divorced Nov. 6, 1883 10 Months Devs Hours Min. 11 Mirthplace (Stete or foreign country) 12 CITIZEN OF WHAT COUNTRY Devs Married William Name 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 16 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NAME 17 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MAIDEN NAME Manzella Shank 16 Manzella Shank	l		
female white widowed Divorced Nov. 6, 1883 77 Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) HOUSEWIFE OWN home Frederick Co. Md. U.S.A. 13. FATHER'S NAME I4. MOTHER'S MAIDEN NAME Manzella Shank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addres	-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH TO AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
done during most of working life, even if retired) HOUSEWITE OWN home Frederick Co. Md. U.S.A. 13. FATHER'S NAME ISIAH Cline Manzella Shank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			Nov. 6, 1883 77 yrs. Months Deys Hours Min.
Housewife own home Frederick Co. Md. U.S.A. 13. FATHER'S NAME Isiah Cline Manzella Shank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratical)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Isiah Cline Manzella Shank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	ı	Housewife own home	Frederick Co. Md. U.S.A.
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	ľ	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	ı	Isiah Cline	Manzella Shank
			FORMANT Address
no none Carroll Summers, Watkins Acres, Frederic	ı	no car	roll Summers, Watkins Acres, Frederick
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] [INTERVAL BETWEEN THE ONSERAND DEATH	ı		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corvary Occlusion	ı		Ocelusion (ast)
120.0 DUE TO DUE TO	ı	720.0 DUE TO	
Conditions, if any, which) (b) Certain return tent deser 10 gro	1	Conditions, if any, which) (b) Certeur with	retor teart Researe 10 yes
gave rise to immadiata cause (e), stating the underlying DUE TO	ı	DUETO	
cause last. (c)	ı		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,9) 19. WAS AUTOPSY PERFORMED?	l	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	
YES NO ET	۱	5	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING OF CONTRIBUTIONS OF CONTRIBU		E PRIMARY ☐ OF CONTRIBUTING ☐ 2Db. DESCRIBE HOW INJURY OCCURED. (Ent. O CAUSE OF DEATH.	er nature of injury in Part I or Part II of tem 1B.)
ZOC. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)	ı	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	
Zoc. 11Me Or Install Month, Day, Tear Dd. Install Doc. PLACE Or Install (Toma, Tarm, 201. (City or town) (Stela) Hour a.m. While Not While factory, streat, office bldg., atc.) While Not While at work at work.	I	Hour a.m. While Not While Port at work	y, streat, office plog., atc.)
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry . and in my opinion	ı		an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from; Natural causes Accident . Suicide . Homicide . Undetermined manner	ı	death resulted from; Natural causes Accident . Suicide	
CHIEF MEDICAL EXAMINER	1	10104	CHIEF MEDICAL EXAMINER
SIGNATURE NE SUSUED MD ASSISTANT MEDICAL EXAMINER [] DATE SIGNED	I	ACTUAL NO DUI DUINO	ASSISTANT MEDICAL EXAMINER
EXAMINER'S DEPUTY MEDICAL EXAMINER	ı		
NAME (Type) Address (Streat, city, town, or county)	г		Addrass (Streat, city, town, or county)
228. BURIAL, EREMATION 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State)	ı		
			REMATORY 22d. LOCATION (City, town or country) (State)
23. FUNERAL DIRECTOR 246. REC'STRAR 246. REC'STRAR 246. REC'STRAR 246. REC'STRAR'S SIGNATURE		REMOVAL (Spacify)	
Paul F. Bittle, Myersville, Id. DATE		Surial May, 14, 1961 St. Paul's Li	utheran Myersville, Fred.Co.Md.



funeral

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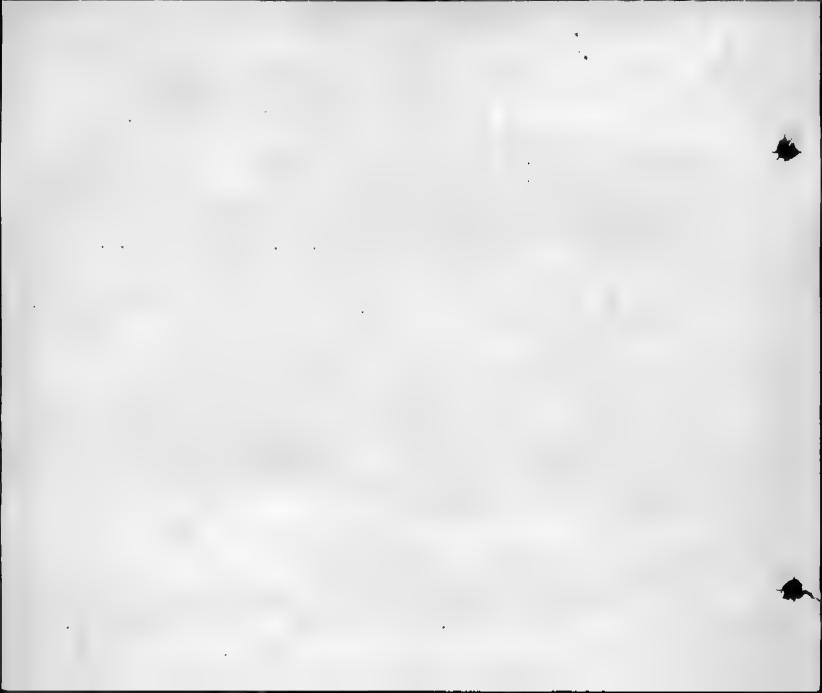
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VR A15 (4)

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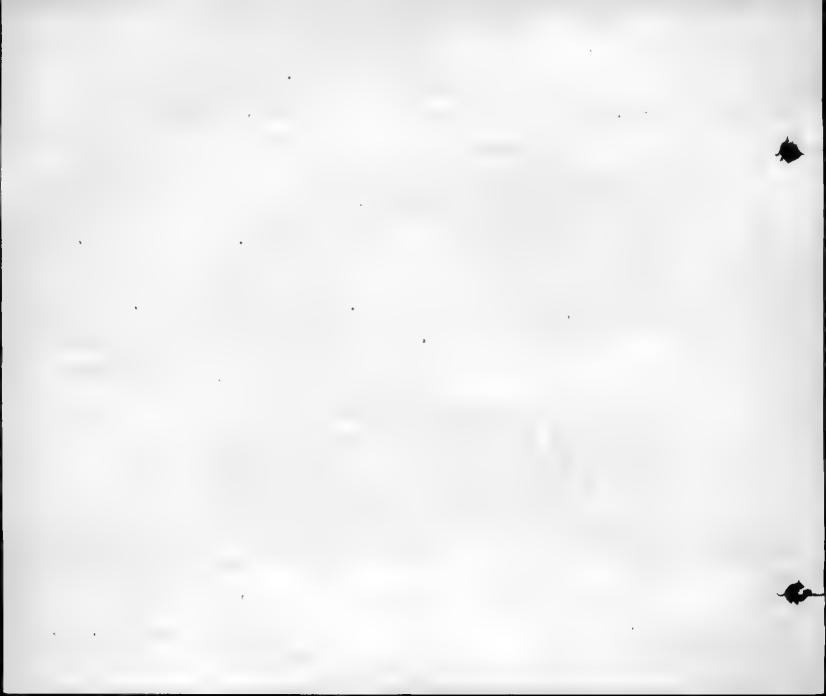


VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6122

O. COUNTY Washing to 77 MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b COUNTY c 2 S 1
CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 C RURAL and give nearest town) CIENT OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 C LENG	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not inflaspital, give street address) OR INSTITUTION ROUTE	d. STREET ADDRESS o IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) NADINE First Middle	Truber 1. DATE Manth 10 1961
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH 9. AGE (In years last birthdoy) Alovenber 14-1951 - 9 yrs C G Hours Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec. 700	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HACKIZSTOWN WASH, Ca. MD, VS'A
LESTER L. CRUBER	AMELIA SLICIC
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN (Yes, no, or unknown) (If yes, give wor or dates of service) (MON/E)	ESTER L. CRUBER CLEARSPRING (VD. R.)
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) A cute Ca	rdiac Failure Sudden
Conditions, if ony, which) (b) C170771C	Halvular Dis
gove rise to immediate cause (a), stating the under-lying couse lost DUE TO (c) MO77901	ianism Birth
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS ALTOPSY PERFORMED? YES NO M
	D. (Enter noture of injury in Part I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, affice bldg., etc.)
21 I certify that (I) (this haspital) attended the deceased from sow the deceased alive on May 9 1961, and that a	4PT 26 , 1961 to May 10 , 1961, that (1) (we) last death accurred at 2PM, from the causes and on the date stated above.
	M.D PHYS MED STAFF SIGNED
PAME (Type) David R Brewey	- Clear Spring Md.
230 BLRIAL, CREMATION 236 DATE THEREOF 23% NAME OF CEMETERY OF CONSIGNOR OF CONSIGN	CEMETERY BOCKTION (City lown, of county) (State)
24 FUNERAL RIPECTOR'S SIGNATURE ADDRESS BECNS BORD	DATE AY 15'61 256 REGISTRAR'S SIGNATURE Orithy 2. Kraus





FOR STATE HEXLTH DEPT.

TO DEPLYT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an part 3 is necessary, pleas execute the marificate, writing the word "pending" in pendin 18. Give Pages 1, 2, and 3 to the fureral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may in mained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	6124	MEDICAL	EXAMINER'S	CERTIFICAT	TE OF DEATH	06111
1.	PLACE OF DEATH		1 * <u></u>	2. USUAL RESIDEN	ICE (Whare deceased lived, if Ins	titulion: Ras dence before admissio
7	. COUNTY Wash	nington	MARYLAND	. STATE Mar	yland b. COUNTY	Washington
け	b. CiTY OR TOWN (if outsidering a surface of the su	de corporate limits,	c. LENGTH OF STAY IN Th	c. CITY OR TOWN	(If outside corporate I mits, write R	JRAL and give nearest town)
1	Hagerstown	4	30 years _	d STREET ADDRESS	agerstown	
	Taylor's I		spital, dive zueal edatess)	504 Salem		IS RES DENC
1 3	NAME OF	enst first	Midd a	Jod parelli	, 4 DATE Month	# YES ☐ NO Day
.	DECEASED (Type or pr nl)	LOUISE	LOY	HARMAN	OF DEATH May	24 1961
5.	SEX 6. Co	OLOR OR RACE 7. MARRIE	D NEVER MARRIED	DATE OF BIRTH	9 AGE (In years IF	UNDER 1 YEAR J.F UNDER 24 HRS
	Female Wh	nite WIDOWE	DIVORCED _	March 18, 19	06 SS yrs	Nonths Days Hours Min.
10 de	a. USUAL OCCUPATION (G	Sive kind of work 10b K	IND OF BUSINESS OR INDUST	RY 11. B.RTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR
	Tavern Own	ier		Taylorsto	wn, Virginia	U.S.A.
13.	. FATHER'S NAME	_		14. MOTHER'S MAIDEN		
	Silas W.				llie A. Spring	
15 (Y	. WAS DECEASED EVER IN Les, no, or unknown) , (Ifyesgiv	vawaror dates of service	SOCIAL SECURITY NO. 17.		Address	
	no	2	,	rs. Margaret	Hardy Hagers	town, Maryland
		Enter only one cause per l	ne for (e), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS	PIATE CAUSE (a) Con	onary Atherosc	larosis, Seve	ere	- Lacunia
	01	DUE TO				
	Conditions, if any, whi	(b) Isc!	hemic librosis	Of greatdin	THE STATE OF THE S	en en e taste e
	geve riss to immediate car (a), stelling the underlyi	3n D tr 7/3				
l_	ceusa last.) (c)				
CATION	PART II. OTHER SIGN	FICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES 24 NO
CERTIFIC	200 EXTERNAL CAUSE V		BE HOW INJURY OCCURED.	Enfar nature of Injury in Par	rt For Part II of Itam 18.)	
Ü	PRIMARY OF CONTRIBI	JING []				
MEDICAL	20c. TIME OF INJURY			ACE OF INJURY (Home, farm		(County) (Ŝtate)
WED	Hour a.m.	19 al wor	Promise Promis	tory, street, office bldg., etc	··/ [
	21. I certify that I t	ook charge of the rem	nains described above, h	eld an Autopsy	Inspection , Inquiry	, and in my opinion
	death resulted from.	Natural causes	. Accident . Suic	ede . Homicide		nner 🗍
	1	500	X	CHIEF MEDICAL	EXAMINER [
	ACTUAL SIGNATURE	MAN	(1)	M D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
	EXAMINER'S			DEPUTY MEDICA	L EXAMINER 🔀 5-	-27-61
22	NAME (Type) Dr.	Di Lto	22c. NAME OF CEMETERY O	Address (Street,	elly, town, or county) 22d, LOCATION (City, town, o	r country) (State)
	REMOVAL (Spacify) Burial	5/29/1961	Sharpsburg Nat	ional Cem.	Sharosburg.	Maryland
22	FUNERAL DIRECTOR			24a. REC	D'D BY REGISTRAR 246, REGIST	4 1/
17	Tranklin for	truneter nou	Hagerstown,	Maryland	31 '61 arthur	1 & Thate



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 16112

61	25 ME	DICA	L EXAMINE	R'S	CERTIFICAT	E OF	DEATH	Reg. Dist. No	1611
1. PLACE OF DEATH					2. USUAL RESIDENCE (M		d lived. If institution b. COUNTY	**	
	ashington		MARYLA		Maryl				ngton
b. CITY OR TOWN (I and give nearest town	Faviside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1P	c. CITY OR TOWN (IF	outside corpo	prote limits, write RI	URAL and give n	rearest town)
Hagerston			Life			rstown		1 7	
			pital, give street address)		d. STREET ADDRESS			1	e. IS RESIDE
701 West	Washington	Stre	et		701 W. Wa	shingt	on Street	t "	YES NO
3. NAME Of DECEASED (Type or print)	GEOR GE		Middle RUSSELL		HARR, Sr.	4. DATE OF DEATH	Month May	Doy 1.0	
. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED] B.	DATE OF BIRTH	9	Sand Scott Acid	FUNDER TYEAR	
Male	********	WIDOWED			ctober 29, 1		ラ グ yrs.	Months Days	Hours Min
during mest of working	ng life, even if relifed)	one 10b. K		DUSTR	TY 11. BIRTHPLACE (State				F WHAT COU
Pipe Fitte	**		Railroad		Hagersto	wn, Ma	ryland	U.S.A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N				
(eorge Frank	lin H	larr		Lucill	.e Mc 🕏	allister		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. IN	FORMANT		Address		
no	In har dies and or order or se	70	05-10-6640	Ge	orge R. Harr	Jr.	Hagerst	town, Mo	l.
20g. EXTERNAL CA	diole cause underlying DUE TO (c)_ USER SIGNIFICANT COND SEE WAS 1206	rees	/ Careri	021	OT RELATED TO THE TERMS	es l	y mo	1	19. WAS AUTO PERFORMED YES NO
CAUSE OF DEATH. South of State of Injury Menth Day, Year 20d, Injury Occurred 20d, Place of Injury (Home, form, 20f, (Giff or town) (County) (State)									
Hour and S/0/618 While Not while of work of wo									
21. I certify that took charge of the remains described above, held an Autapsy . Inspection . Inspection . Inspection . Inspection .									
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .								
Treatment from the treatment cause Accident, Accident, Accident, Fromicide, Underermined cause									
ACTUAL SIGNATURE	SIGNATURE N CO STUDY MEDICAL EXAMINER L								
EXAMINER'S NAME (Type)	E. W. Dit	to.	Jr		ASSISTANT MEDICAL E		_	11	61
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREOF		22c. NAME OF CEMETERY				ON (City, town, or		(Stote)
Burial	5/12/1961	- 77	Rose Hill (ven		Hager BY REGISTRA	stown.	-19	ryland
R Frankly		il Hor	ne Hagerstown	n,		Y 1 6 '6		RAR'S SIGNATU Lhun & Ha	

VS. A15ME(5) SM 9/55

or removal.



VR A15 (4) 1SM 9/59

6125

	1 P	LACE OF DEATH COUNTY	ion		MA	ŔYLAND	2. USUAL RESIDE		re decease	ed lived If insti b COUN		nce befor	e odmiss	ion)
イ	ŀ	CITY OR TOWN (IF	outside corporate limit	s, write	c. LENGTH OF STA	AY IN 16			itside corp	orała limits wri	te RURAL and	give near	est fowr	1)
		RURAL ond give ne			3 Day	78	X B	oonsh	oro	R # 3				
	c		AL (If not in hospital gi	ve street o	oddress)		d STREET A						IS RES	IDENCE FARM?
2	791	9 1 0	ty Hospi	tal			Appl	etowr	Ros	ad				XNO 🗆
-		NAME OF DECEASED	Firs	t	Midd	ile	los		4. DATE OF		Month	Day	,	Үвог
	((Type or print)	SARAH		CATHERE	NE	HARRE	LL	DEATH	Lay 2	± 1961		•	19
	\$ 5	SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MAR	RIED 📗	B. DATE OF BIRTH	Н		9 AGE (In ye				ER 24 HRS
	F	Female	white	WIDOWE	D DIVOR	CED 🔲	Jany 27	190	1		yrs. Monins	Days	Hours	Min.
	10a	USJAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b. I	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State o	r foreign (country)	12. CI			COUNTRY?
		Housewi			Own Hon	ie .	cearf	Coss	Mash	. Co Ld		USA	1	
	13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME					
		John Edw	Palner				Evs	a Ric	kard					
4	15.	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY I		FORMANT				Address			
		NO (If yes, give war or dates of se	rvica)	None	771	111am I	. Ha	rrel	1 Boor	sboro	R *	ئہ	
			TH [Enter only one course the WAS CAUSED BY:	C.	e for (a), (b), and ([a] O 1	ue h	aryl	and				RVAL BE	DEATH
	IMMEDIATE CAUSE (a)													
	420.0 DUE TO Auxingal hilation 3 year													
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	CATE				Une		-							DRMED7
	CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY	OCCURRE), (Enter noture a	f injury in Po	ort I or Po	rt 11 of :tem 18	3			
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	MEDICAL	Hour a.m.	19	While of work	Not while	100	tory, street, office	a bidg., etc.)						
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	saw the deceased olive on 1991, and that death occurred of 12.M, from the causes and on the date stated abave.													
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		22c. PHYSICIAN'S NAME (Type)	JOSEPH S	550	ONDA	17/	22d. ADDRE	ESS -		SAO	Ro	Mo	٤ _	
	23o	BURIAL CREMATION	N, 23b. DATE THEREO	F	23c, NAME OF C	EMETERY C	R CREMATORY		23d LOC/	ATION (City, to	vr. or county)		(510)	tel
		REMOVAL (Specify)	5/7/67				Cemete		**	erstow			1.3	,
	24	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS	+ vell	oeme fe	2So REC'D		ī	[] 라일(EGISTRAR'S S			
			Coffin	ři.		1.1.		2	TAY 2		Linkur			



TATISTICAL RESEARCH AND TON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY **b.** COUNTY Washington by th≡ and 2 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside curporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Monteray of Sani TAYIUM NAME OF Middle DECEASED (Type or print) DEATH ANE wilhin 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR 7. MARRIED NEVER MARRIED last birthday) Pue car Fe ma WIDOWED TO DIVORCED 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) etoN. Vermon 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME I 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (If yes give war or dates of service) Blue Ridge Summit, Pa. Norman B. Headley 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), staling the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO SAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Nome, farm, ; 20f. (City or town) 20c. TIME OF INJURY factory, street, office bldg., alc.) While --Net Mile al work at work 21. | certify that (I) (this hospital) attended the deceased from and that death occurred at P.M. from the causes and on the date stated above. saw the deceased alive on 22a SIGNAZURE MED. DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) death. TO FUI , 23b. DATE THEREOF OF CEMETERY OR CREMATORY BURIAL, CREMATION 23c. REMOVAL (Specify) å. Ğ. VR A15 (4)

15M 9/60

IS RESIDENCE ON A FARM?

YES NO W

IF UNDER 24 HRS.

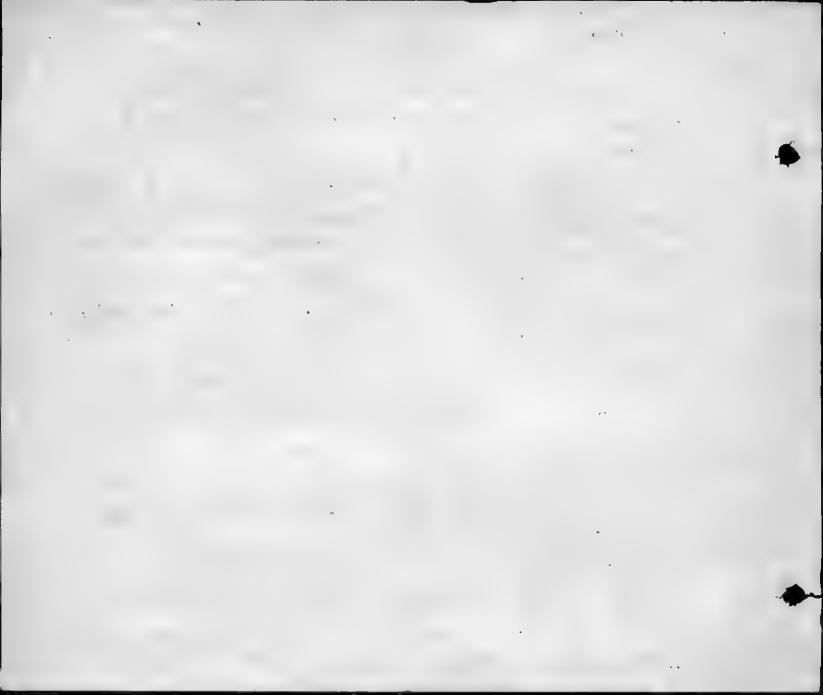
PERFORMED?

(Stata)

22b. DATE

(County)

12. CITIZEN OF WHAT COUNTRY?

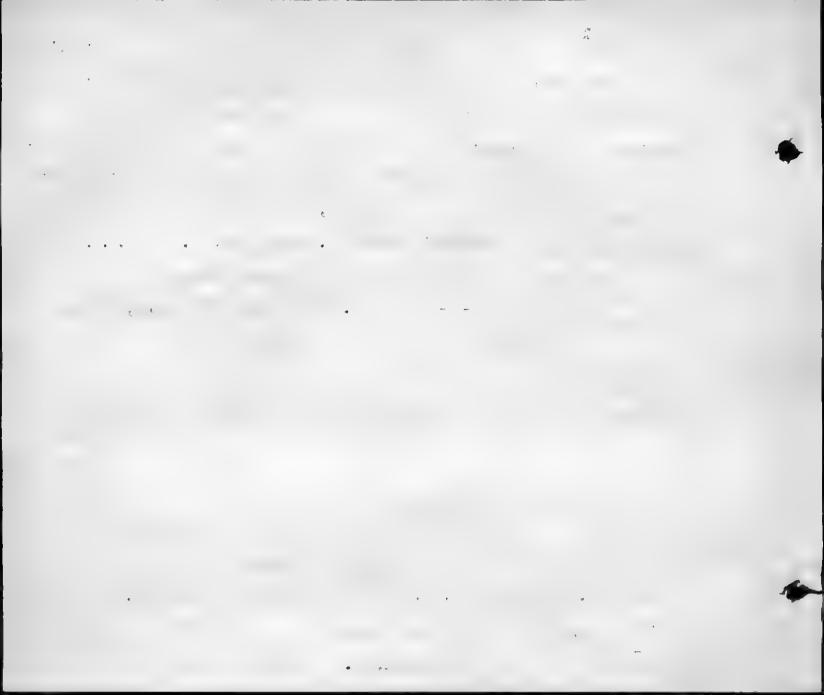


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6128 CERTIFICATE OF DEATH 06115

B. COUNTY Washington B. CITY OR TOWN (If our de corporate mint, white RURAL and give neverate lower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neverate lower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neverate lower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neverate lower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neverate lower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neverate lower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neverate lower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neverate lower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neveral follower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neveral follower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neveral follower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neveral follower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neveral follower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neveral follower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neveral follower) Hagerstown C. CITY OR TOWN (If out de corporate limit, write RURAL and give neveral followers 104. STAR I DATE (Court on Inspire RURAL And Country) 105. ACC INTERNORY (Inspire RURAL And Country) 106. COURT OR COUNTRY Manual And Government of the give never in support followers 107. ACC INTERNORY (Inspire RURAL And Country) 108. CAUSE OF DEATH (Color on William And give never dedicase) 109. ACC INTERNORY (Inspire RU	i bissi or parties	
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Mashington County Hospital Middle List	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress,	d. STREET ADDRESS
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Electronic Manufactor. Hagerstown, Md. U.S.A. 13. FAHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 17. MOTHER'S MAIDEN NAME 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c,) PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c,) PART I. DEATH WAS CAUSED BY. 18. COMMINION, II eny, which gave rise to immediate cause (e), inteling the underlying ceuse last. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c,) PART II. DEATH WAS CAUSED BY. 19. DUE TO 19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTOPSY PERFORMED. 19. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 19. CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e), 19. WAS AUTOPSY PERFORMED. 19. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 19. CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED. 20c. INDUSTRY MONTH, Day, Year 20d. INJURY OCCURED. 20c. PLACE OF INJURY (Home, farm, 2011. (City or town) (County) (Stele) 20c. TOR CO INJURY MONTH, Day, Year 20d. INJURY OCCURED. 20c. PLACE OF INJURY (Home, farm, 2011. (City or town) (County) (Stele) 21. 1 certify Intel (I) (this hospital) attended the deceased from 16. 21. M.D. DIRECTOR PHYS CONNECTION COURSED 22c. PHYSICIAN'S AND DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or scounty) (State)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	JUSTRY 11 BIRTHPLACE (County & State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
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		25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 JUNERAL DIRECTOR'S S.GNATURE Suter - Rouzer Guneral Home Hagerstown Md	A fromble down	n Md DATE MAY 31 '01 Chilling J. Thate



VR A15 (4) 15M 9/59

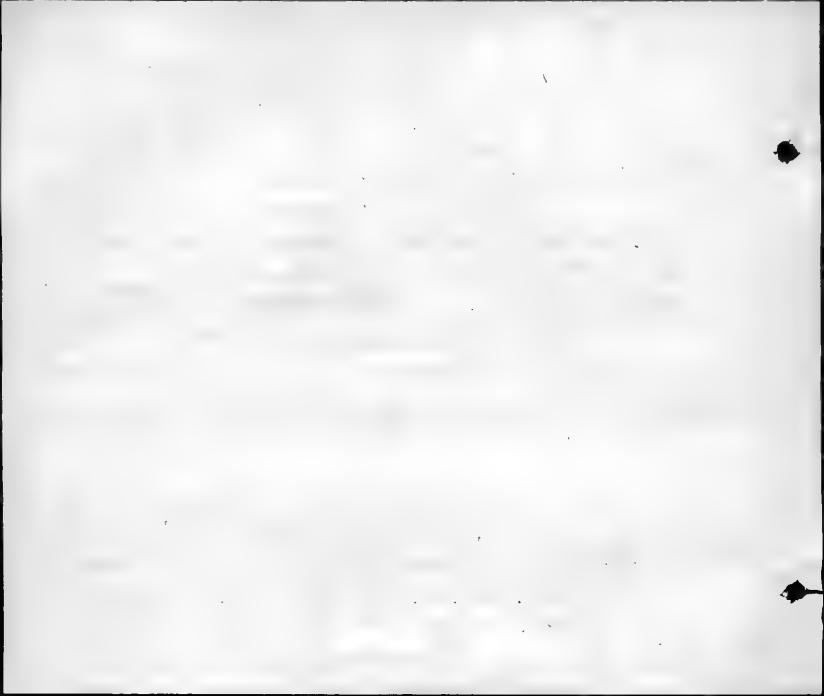
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6129

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

V	a. COUNTY WASHING MARYLAND	g. STATE (Vivere deceased lived it institution: Bridence of STATE)	UK Ly
1	b CITY OR TOWN (If autside carporate limits, write C LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and gi	ve necrest town)
1	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION OR NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS QO8 N. Carlisle St	e. IS RESIDENCE ON A FARM? YES NO NO
	NAME OF DECEASED (Type or print) ELIZABETH McLanah		Day Year 7 196/
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS Days Hours Min.
	10a USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)	STRY 11. BIRTHÉLACE (State or foreign country) STRY 11. BIRTHÉLACE (State or foreign country) STRY 11. BIRTHÉLACE (State or foreign country) 12 CITIZ	EN OF WHAT COUNTRY?
	E. O. Mchanahan	14. MOTHER'S MAIDEN NAME Pastell	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. Sylvalynown) (Exces, give wor or dates of service)	othert Hessler nei	emingdale Jyork.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCIAL INTERCTION	sclerosis - Thrombosis - Myo- on Syndrome	ONSET AND DEATH
	Conditions, if any, which gove rise to Immediate cause (o), stating the underlying cause last.		15 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Severe Diabetic Acidosis which initi		1(a) 19. WAS ALTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port 1 or Part II of Item 18.)	
		ACE OF INJURY (Hame, farm, 20f (City or town) (City, street, office bldg , etc.)	ounty) (Stote)
	21 I certify that (I) (this haspital) attended the deceased fram	7/111	
	saw the deceased alive an May 17, 1961, and that a	death accurred attitum, from the causes and an the	225 DATE
	HILL CONTRACT CONTRAC		5-18-61 SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	William C. Brewer, M.D. 230 BURIA CRIMAT ON 23b. DAJE THEREO! 23c. BIAME OB-CEMETERY.C	Grangastla, Pennsylvania	t6 late)
	230 BURIA, CREMATON, 23b. DATE THEREOF 23c HAME OF CEMETERY C	4 Com. Greencastle	FE.
	24. FUNERAL DIRECTOR'S SIGNATURE PROPESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIG 2 DATE MAY 2 2 '61 Chilling &	
	1 1 1		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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Residence	before	odmiss	ion)

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shauld	rei)
K CV	1.7

ofter Te≡th. Page

TO HOSPA. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 th may be refronted by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/59

: L	GEKIII IGA	IL OI BLAIN						
۱ ۱	I, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
<i>i</i>	Washington MARYLAND	Maryland Washington						
ı	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16	c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town)						
	RURAL and give nearest town) Hagerstown Life	Hagerstown						
ı	d. NAME OF HOSPITA, (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE						
1	Western Maryland State Hospital	439 E. Franklin St. ON A FARM?						
- 15	3. NAME OF First Middle	Last 4. DATE Manth Day Year						
	(Type or print) Maky Elizabeth	HOFFMan DEATH May 2, 1961						
4	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF ENDER 1 YEAR IF UNDER 24 HRS						
Т	Female White WIDOWED DIVORCED	July 1. 1891 69 yrs Manths Days Hours Min,						
1	100. USJAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU							
ı	House Wife Own Home	Hagerstown, Md.						
Ţ	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
١	Jacob Semler	Anna Lum						
		NFORMANT Address						
ı	(Yes, no, or unknown) (If yes, give wor or dates of service) none Ar	thur Hoffman Sr. Hagerstown, Md.						
F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN						
П	PART I. DEATH WAS CAUSED BY: LOBULAR PREUMONIA ONSET AND DEATH							
	DUE TO							
1	Continue to the Pulmana and	embelus : 2 days						
1	lying couse last. (c) Otherosclerosis	s, secre						
	177	T NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY						
	(i) Diabeles mellihis (a) cerebrat va	SOULAR ACCIONTY PERFORMED? YES M NO						
-	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of item 18.)						
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f (City or lown) (County) (State						
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to fa while p. m. 19 while all work all work	ictory, street, office bldg., etc.)						
		Goril 19 1961 to May 2 1961 that 11 (ma) to						
	to deceased alive on May 2, 196/ and that	death accurred at 12 PM, from the causes and an the date stated abave						
	22o. S'GNATURE	72b. DATE						
	Victor & Ramas	MD PHYS DIRECTOR PHYS PASSIGNED						
	22c. PHYSICIAN'S	22d. ADDRESS Western mai State Hospital						
ı	NAME (Type) VICTOR L. Ramos, M.	D. Hagerstown, mary land.						
7	230 BURIAL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY C							
	REMOVAL (Specify) 5-4-61 Rose Hill (
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE						
S	Scott F. Minnich & Son Hagerstown	1, Md. DATE MAY 5 '61 Unling S. Kraus						
E								



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06118

1	1, PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Whe			before admission)
)	Washington	MARYLAND	d. STATE Marvla	nd b. c	The swittenson	naton
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If at	utside carporate limits	write RURAL and give	e nearest town)
	Hagerstown	1 Day	Y Hagerst	town Rt.#	3	
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
2	Washington Co: Hos	pital	Sharpsbu	irg Pike		YES NO
	3. NAME OF First DECEASED	Middle	last	4. DATE	Month	Day Year
	(Type or print) SUSAN J	ANE HOPKIN	IS	DEATH	May 24	1961
	S. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED 🔀	8. DATE OF BIRTH	9, AGE (I	44. 4	FEAR IF UNDER 24 HRS
	Female White wow	ED DIVORCED	October 10		Months De	ays Haurs Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	or foreign country)	12.CITIZE	N OF WHAT COUNTRY
	Student		Baltimore	e City , k	aryland	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
	William A. Hopkins	Jr.	Ruth E.	Hostette	r	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		IFORMANT "		Address 771	ah.C. d
	No		William A.	Hopkins	Rt. 47 Ĥ	La erst un
	18 CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1. Almer				ONSET AND DEATH
	DUE TO	1 1	. 7 /			1
	Conditions, if any, which)	1 montal	100 A 4 1 1 1			3111/
	gove rise to immediate					
	lying cause lost.		U'			V
i		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART 1	
	PAM II. OTHER SIGNIFICANT CONDITIONS OF	per of the land				YES NO
		CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of iten	1 18.}	
	2	I I I	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City or tawn)	(Cot	uniy) (State
	Hour o m. While at war	k at wark	, and the state of	'		
	21 I certify that (I) (this haspital) attend	ded the deceased fram	4/20/55 19	10.5/24	/6119	, that (I) (we) tas
			eath accurred at 19A			
	720 SIGNATURE .	N . 1				22b, DATE
	771110	robolis Line	M.D. ATTENDING ME	TECTOR PHYS.	□ 5/2	24/61 SIGNED
	22c PHYSICIAN'S NAME (Type)	/	22d. ADDRESS			
	Howard N. Weeks	M.D.	136 N.Po	tomac St	.,Hagersi	town, Md.
	23a BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City	town, or county)	(Stote)
	236 BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	Rose Hill	Cenetery	Hazers	town "s	n. 0a/
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Šo. REC'E		SE REGISTRAR'S SIGN	IATURE
	Andrew K. Coffian Ha	., 323,0 m . u.	DATE	AY 29'61	Orthug 9	4-



VR A1S (4) 1SM 9/59



VR A15 (4) ISM 9/59

6132

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Л	1. PLACE OF DEATH O. COUNTY	2. U	SUAL RESIDENCE (Who				ore admission)
	Maryla Maryla	ND	Maryland		b. COUNTY ,	History	m ·
	b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN RURAL and give nearest town) Hayersto Tn 10 Days		CITY OR TOWN (IF of	utside corporate li	mits, write RU	RAL ond give ne	earest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION TO BE COUNTY HOSPITAL	11	street Address Fairgrour	nd Ave		1	e. IS RESIDENCE ON A FARM?, YES NO
	3. NAME OF DECEASED (Type or print) WILLIAM HOWARD	HOR	N Fari	4. DATE OF DEATH	Month	1961	lay Year
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DA	TE OF BIRTH	9 AC			R IF UNDER 24 HRS
	Male Tinite WIDOWED DIVORCED [Fe	by 27 188		12 yrs	Months Doys	Hours Min
	100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector 13. FATHER'S NAME	oard	Hagersto	own mas	h Co	U	SA
	Frank A. Horn		Largare.	t Poffe	nberg	er	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) No 21 8-30-9506	Robe		rn 1505	Dual		ау
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony: which gove rise to immediate couse (o), storing the under. lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 100- ACCIDENT WAS UNDERLYING TO DECERBE HOW IN HUBBY OCC.	LT CL	ant of	nal disease con	ND TION GIVE	ON	Jeans 19 Was autopsy Performed? Yes No.
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	e. PLACE O	F INJURY (Home, form,	, 20f. (City or to		(County	(State
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20 Hour o. m. p. m. 19 While of work of twork of twork of twork of twork of twork of twork of two ork of two	foctory, t	treet, office bldg., etc.)			
	21 I certify that (I) (this hospital) attended the deceased fr	ot death	ATTENDING _ ME	M, from the			e stated above
	PHYSICIAN'S NAME (Type) Howard N. Weeks, M.D.		22d. ADDRESS 136 N. P	otomac	St.,E	lagerst	own, Md.
		ry or created the control of the con	ery	Hagers	town	Wash C	(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	~		AYREGISTRAS 1	2Sb, REGIST	TRAR'S SIGNATI	Irelia
	Andrew K. Coffman Hagerstown L	2 4	DATE		1		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06120

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TO HC. TO RATENDING PHYSICIAN: The low requires that the deals certificate be exacuted within 24 the offer death. Page 4 may be retained by the hasp toll or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to bur of, cremation, or removal, and in any event, within 72 hours offer death.

VR A15 (4) 15M 9/59

	1. PLACE OF DEATH			ENCE (Where dece	ased lived. If institut		re admission)
	o. COUNTY Washington	MARYLAND	a. STATE	Md.	P. COUNTA	Wash.	
	b. CITY OR YOWN (If outside corporate simits, write RURAL and give nearest town) Hagers town	4 days	4 :	own (If outside co	rparate limits, write l	RURAL and give net	(nest tawn)
	d. NAME OF HOSPITAL (If not in hospital give str. or INSTITUTION Wash. Co. Hospita	_ '	STREET AL		ngton St.	,	on a farm?
	3 NAME OF First DECEASED (Type or print) Margaret	M.ddle Ann H	ousehold		тн 5		Year 1961
	0 3		Aug. 14,		9 AGE (In years last birthday) 63 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane 1 during most of working life, even if relired) housewife	06. KIND OF BUSINESS OR INDUS home		Spring,	**	12. CITIZEN OI USA	F WHAT COUNTRY
1	13. FATHER'S NAME William Kelley			MAIDEN NAME Robinson	n .		
•	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		FORMANT a E. Sho	emaker	Hagersto	wn, Md.	
	18. CAUSE OF DEATH [Enter only one cause per part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under lying cause lost. [c]	line for (o) (b), and (c). The	a. A.	eil a	Section Constitute		ERVAL BETWEEN SET AND DEATH
	PART II OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	AS CONTRIBUTING TO DEATH BUT	Herry	Light en ex	*	VEN IN PART 1(a) 1	P. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Manth, Doy, Year 20n Hour a.m. Wi	i. INJURY OCCURRED 206, PL/ tile Nat while fac wark of work	ACE OF INJURY (I tary, street, affice		City or town)	(Caunty)	(Stote
	21. I certify that (1) (this haspital) attended to the saw the deceased alive an 220. SIGNATURE ALL LA 220. PHYSICIAN'S NAME (Type) Dr. J. D. W.	319_6/, and that d	ATTENDING PHYS 22d ADDRE	MED. DIRECTOR	m the causes a		nat (I) (we) las e stated abave 22b DATE S GNEL
	230 BURIA., CREMAT ON. 236 DATE THEREOF BURIAL Specify 5-6-61	23c NAME OF CEMETERY OF Clearspring Me		Carry -	cation (City, town, learspring		(State) Md.
	24 FUNERAL DIRECTOR'S SIGNATURE Fred W. Kraiss Hagers	ADDRESS town, Md.		DAMAY 8		ISTRAR'S SIGNATU	



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H	FOR	ST	ATE DEPT.
If any deig it necessary, please	stang with form PM3. Page 5 may be reto of forecast feet.	7	ATE DEPT.
EDICAL EXAMINER: This certificate should be executed within 21 hours at an each, if any details, necessary please	iterations, writing the ward. Definiting in period in remitted to the region is a condition of the fact of the following from t	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after deather	(I
NER: This certificate should be	varded to the Chief Medical Examiners office of	or to burial, cremation, or re	-
O DES PEDICAL EXAMIN	4 should be forwarded to the	or its designated agent, pria	2

VS A15ME 5M 2/57

	N. Carlotte	4		T ST H
ŀ	F			ST H
necessary, please	"pending" in pencil in Hem, 18. Give Pages 1, II, and 3 to the full director. Page	for your files.	se used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health,	, crematian, or removal, and in any event within 72 hours after death
1	+	ô	0	

MA 6134

RYLAND ST.	ATE DE	PARTMEN	NT OF	HEALTH-	-BAI	TIMORE,	18
MEDICAL	EXAM	AINER'S	CERT	IFICATE	OF	DEATH	

		12	60	4	- 3	,
Dan	Diet No.	-(I	0	Ţ	4	16

•		LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
	l °	WASHINGTON	MARYLAND	G. STATE MARYLAND 6. COUNTY WAS HIN GTON
	ь	CITY OR TOWN (Foutside corporare 1 mils, write RURAL C. LET	NGTH OF STAY IN 16	E. CITY OR TOWN (It autside corporate limits, write RURAL and give nearest town)
		and give nearest tawn) HACJETSSTO YVN	CHOURS	II O C C C TO MAN
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi		STREET ADDRESS O IS RES DEN'E
2		WASH, CO. HOSPITAL		ON A FARM?
	3. 1	NAME OF	Middle	Address of the same of the sam
		DECEASED	/	OF
	5. S		NEVER MARRIED 1 8	TYPE - WALLE - WOLL
		MALE WIDOWED	DIVORCED	log berthdyy) Months Dour Maure 186
	100	USUAL OCCUPATION (G ve kind of work done 10b, KIND OI		JULY 12 . 1896 6 by yrs. 12. CITIZEN OF WHAT COUNTRY?
	d	uring most of working life, even if retired)	PO3/14E33 OK 114DD318	12. CHIZEN OF WHAT COUNTRY
		MPLOYEE OF MOVING CO	MPANY	INR. BOONSBORD WASH CO.MD. USA
	13.	FATHER'S MAME	. /	14. MOTHER'S MAIDEN NAME
		O'MARKWOOD HUI	EFER	TLORENCE HUFFER
	1700	no, or unknown) (If yes, give war or dates of service)	SECURITY NO. 17 IN	PORMANT Address SUNINUT AVE
		YES W.W. 1 214-0	19-6805 M	RS MARY HUEFER HAG-ERSTOWN MID
		8. CAUSE OF DEATH [Enter only one cause per line for (a),	(b), and (c).]	INTERVAL BETWIEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Comminut	sed Fracture	Upper Dorsal Spine With Lines
		O. S but to Prance of	on Of Sin	al Pord.
		Conditions, if ony, which) (b) Henothou	ex. of hune	ral
		gave rise to immediate cause DUE TO . Yacture	thune	Prus
			aib racti	re, rilateral
	중			OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	Š			PERFORMED? YES NO T
	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW	INJURY OCCURRED (E	iter nature of injury in Part I or Part II of item 18)
	3	20a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH.	in to filli	na from 2rd. floor serch.
	3	20c. TIME OF INJURY Month, Day, Year 20d, INJURY	OCCURRED 20e PLAC	E OF INJURY (Home, form, 120f (City or town) (County) (Slote)
	WEDICAL	Hour e.m. While of works		ry, street, office bldg., etc.)
50	~			re, held an Autopsy (2), Inspection (1), Inquiry (1), and in my
. ;		apinian death resulted from: Natural causes		
		aprillan death resolved from: Natural causes	L, Accident D	[], Suicide [], Homicide [], Undetermined manner
		ACTUAL of St. O. PA		CHIEF MEDICAL EXAMINER
		SIGNATURE	<u></u>	ASSISTANT MEDICAL EXAMINER [7]
		[MARRININ]		
	20	NAME (Type) Dr. Tana Dilto, J.	-	
1	110	RIMOVAL (Specify)	AME OF CEMETERY OR	CREMATORY (City, town, or county) (State)
1	22	JURIAL MAY. 4. 1961 130	DORESS COL	EMETERY LOOMSBORD - MASH. CO. MD.
	23	FUNERAL DIRECTOR'S SIGNATURE BOONS F		246/ REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1		Jam 11. 1001131	JOKO TRIP	DATEN 1 1 161 Carina & Kroue



VR A1S (4) 1SM 9/59

6135

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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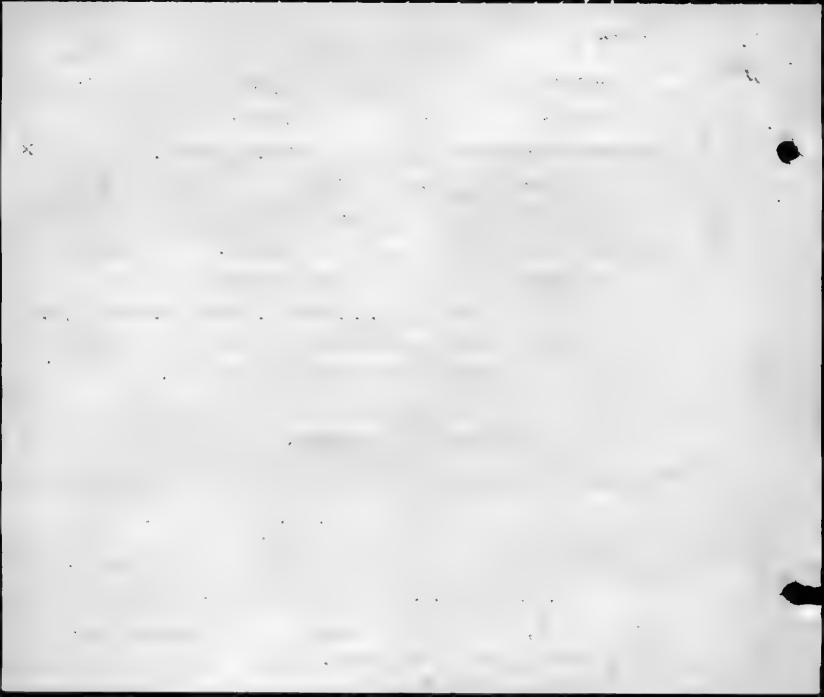
		Tari A k tr / Jak				
	PLACE OF DEATH o. COUNTY	WWW.	2 USUAL RESIDENCE Whe	re deceased lived If instituti b COUNTY		
	b. CITY OR TOWN (If outside corporate limits		MAKYLAND	tside corporate limits, write R	WASHINGTO	
	RURAL and give nearest town)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	RURAL 1		OOL, MD.	,
	d NAME OF HOSPITAL (If not in hospital, gir		d. STREET ADDRESS	DIG I	1S. R	RESIDENCE
	RESIDENCE		NONE		YES	A FARM?
	3. NAME OF First DECEASED	t Middle	Last	4. DATE Mor	nth Day	Year
	(Type or print) BRUCE	ZELLER	HULL	DEATH MAY	29	19 61
	5. SEX 6. COLOR OR RACE	# THE	B DATE OF BIRTH	9. AGE (In years lost by hooy)	Months Days Hour	
	1 21 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	77	SEPT. 5, 4,84	93/ 1/8 yrs		
	10a USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State o	r foreign country)	12 CITIZEN OF WHA	T COUNTRY?
	RETIRED FARMER	FARMING		MD.	U.S.A.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
	HENRY HULL			RIA DENNIS		
	1S. WAS DECEASED EVER IN J. S. ARMED FORCE (Yes, no, or unknown)		NFORMANT		lress	
	NO NONE		MRS EDNA SNY	DER RD.	L . BIG PO	OL, MD.
	18. CAUSE OF DEATH [Enter only one cou	ise per line for (a), (b), and (c).]	2 0	1 ,	INTERVAL ONSET AN	BETWEEN ND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mysea	rollal 1	Moretion	Su	Leen
	4200 DUE TO		•	- 12 -		11
	Conditions, if ony, which) (b).	Chrona	us oto	eluoun		
	gove rise to immediate Couse (a), stating the under-	(12')	ear lin	1 0:		
	lying couse lost. (c)	_ Chlhosele	mue war	1 algerre	10	
i	PANE II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN IN PART 1(0) 19 WA	S AUTOPSY FORMED?
	3 History of fil	way myres	edial left	clera	YES (XXXXON 🗆
	PAIR II. OTHER SIGNIFICANT COND 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OR THE STREET	20b. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Po	ort I or Port II of item IB.)		
		r 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County)	(State)
i	20c. TIME OF INJURY Month, Doy, Year Hour o. m.	White Not while for	ctory, street, office bldg., etc.)		(,	(,
	21. I certify that (I) (this haspital)	attended the deceased fram.	26 APRIL 196	1 . ta 8 MAY	19 <u>61</u> that (I)	(we) last
	saw the deleased alive and		depth accurred H.P.			
1	220 SIGNATURE	00				22b DATE
ĺ	18 Legas 1	- Buntare	ATTENDING MEI	ECTOR PHYS	31 MAY, 196	61 SIGNED
	22c PHYSICIAN S NAME (Type)		42d ADDRESS			
	RICHARD T.	BINFORD, N. D.	1135 Pot	OMAC AVENUE,	HAGERSTOWN,	Mo.
	230 BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, town,	or county) (S	itale)
	BURIAL JUNE 2.	1961 ST. PAULS	CEMETERY	ST. PAULS	MARY	LAND
	20 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D	BY REGISTRAR 25b, REG	ISTRAR'S SIGNATURE	
	John + Clark CI	EAR SPRING, MD.	DATE JU	N 2 '61 a	Thur S. Krous	
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					

المرابعة مرا

MEDICAL CERTIFICATION

23

MARYLAND STATE DEPARTMENT OF H	EALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON 5	TREET, BALTIMORE 1, MARYLAND
6136 - CERTIFICATE OF DEATH	06123
e. COUNTY	E (Where dacassed lived, if natitution: Rasidance before edmission) b. COUNTY
Washington MARYLAND Maryl	and Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	outside corporate limits, write RURAL and give neerest town)
Magerstown Minutes Innks	
d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, g.va straet eddress) d STREET ADDRESS	IS RESIDENCE ON A FARM?
Washington County Hospital Midd a 112 {	Baltimore St. YES NO PA
DECEASED	OF DEATH 44
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
Female White WIDOWED DIVORCED July 25, 1876	last birthday) Months Days Hours Min.
108. JSUAL OCCUPATION G VE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County	& State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Jousewife Own Home Leitersbu	ra. Md. USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN N	
Cyrus Stoner Martha Jane	Garver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT [Yas, no, or unkown] [(Ifyasgivawarordatasofsarvica)	Address
No None Mr.L.S. Itnure &	Baltimore St. Funkstown, Md
18. CRUSE OF DEATH [Enter only one causa par lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis	Several
120 · DUE TO	hours.
Conditions (eny, which pave rise to immediate cause) (b) Arteriosclerotic Cardiova	scular Dis. 4 months_
(a), stating the underlying DUE TO	
Z PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 100 19. WAS AUTOPSY
Hypertrophic Arthritis.	PERFORMED?
20a ACC DENT WAS UNDERLYING] , 20b. DESCRIBE HOW INJURY OCCURED (Enter natura of injury in Pa	1 1-4
OR CONTRIBUTING [] CAUSE OF DEATH	
3 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a, PLACE OF NURY (Home, form,	20f. [City or lown] (County) (Stata)
20c TIME OF IN.JRY Month, Day, Year 20d. INJJRY OCCURRED 20a. PLACE OF NJURY (Home, form, While Not While at work at work at work 19	t
21. I certify that (I) (this hospital) attended the deceased from. Jan. 10, 1	961 to May 22, 161, that (I) (we) last
	.M, from the causes and on the date stated above.
220 SIGNATURE ATTENDING PHYS. ATTENDING PHYS.	22b. DATE STAFF STAFF 22b. DATE
	RECTOR PHYS. May 23,1961
22c. PHYSICIAM'S NAME (Type) D A D A D A D A D A D A D A D A D A D	rstown, Maryland.
	23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Line when the state of the stat
Burial May 24, 1961 Kest Haven Cemetery ADDRESS 158. REC'	D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
14 ibitativa bireti are silenti are	Y 25'61 Chilling S. Kraus
Why G Horox	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY by the fand 2 s b. CITY OR TOWN (if outside corporate Ilm is, MARYLAND WASHINGTOW c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS filled in the papers. Pages 1 d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO completely NAME OF DATE DECERSED (Type or print) DEATH /Y/AJ AGE (n years IF UNDER TYEAR and col 5. SEX IF UNDER 24 HRS .7. MARRIED NEVER MARRIED last birthday) WIDOWED K DIVORCED the death certificate physician 106. KIND OF BUSINESS OR INDUSTRY ! 11. BIRTHPLACE вшоле. 10a. USJAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? (County & State, or fora gn country) dona during most of working I fe, avan if retired) LAPPANS W. 13. FATHER'S NAME WASHI CO. MU. KISLA DWA pleaso 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCI SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyes giva war or dates of sarvica) CORA M. the permit, 18. CAUSE OF DEATH [Enter on y one cause per une for (a), (b), and (c), INTERVAL BETWEEN physician. signed by ONSET AND DEASH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO gave risa lo immediate cause **DUE TO** (a), stating the underlying PHYSICIAN: the hospital or this certificate h PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY 35 2 PERFORMED? NO prior use 208, ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. Enter natura of injury in Part I or Part II of tam 18.) 4 may be retained by the h DIRECTOR: After this or 3 should be a ģ OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20c. TIME OF INLURY Month, Day, Year 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 201, (City or town) (Stata) factory, streat, office bldg., etc.) Whila Not While Hour s.m. ŏ at work at work 21. I certify that (I) (this hospital) attended the deceased from 3, 19....., that (1) (we) last 22b. DATE S GNED ATTENDING . DIRECTOR FUNERAL 22d ADDRES director, be filed NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a, BUR AL, CREMATION, REMOVAL (Specify) OF FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATHIN

7 1 2 2. ¥ (4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Filed a. COUNTY MARYLAND funerat utd be fi b. CITY OR TOWN (If autside carpogate limits, write c. LENGTH OF STAY IN 1b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest taying RURAL and give nearest tawn) gerstown d. WAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO Y NAME OF Month Year filled DECEASED OF osary Sue Klaasen (Type or print) DEATH mas ages 1961 IF JNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE OMARKED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH jost birthday) camplele Manths Days Hours WIDOWED DIVORCED papers. 10a. JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? plaring most of working life, even if retired) puo pou 2 EATHER'S NAME S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17_INFORMANT Address If yes, give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: inknown **DUE TO** carcinome of Kidney, Rt. Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. T ME OF INJURY Month. 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at work at work p. m. After 21. I certify that (1) (this haspital) attended the deceased fram. april . 196/ , to May 2 , 1961, that (I) (we) last saw the deceased alive an May 2 __ 1961, and that death accurred at light, from the causes and an the date stated above FUNERAL DIRECTOR: 22a SIGNATURE 22b, DATE SIGNED ATTENDING MED. DIRECTOR | MD. 22c. PHYSICIAN'S 22d. ADDRESS Western md. State ltospital NAME (Type) VICTOR L. Ramos, m.D. agershun, BUR AL CREMATION, 236 NAME OF CEMETERY OR CREMATOR LOCATION (City, town, accounty) REMOVAL (Specify) o 24, FUNERAL DIRECTOR'S SIGNÁTURE 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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in by the funeral director, and 2 shauld be filed with

Pages 1

any event, within 72 hours after death

and compretely filed

TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be reformed by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comprepage 3 should be detached for use as the burial-transit permit. Then please remave carban papers the State Board of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after

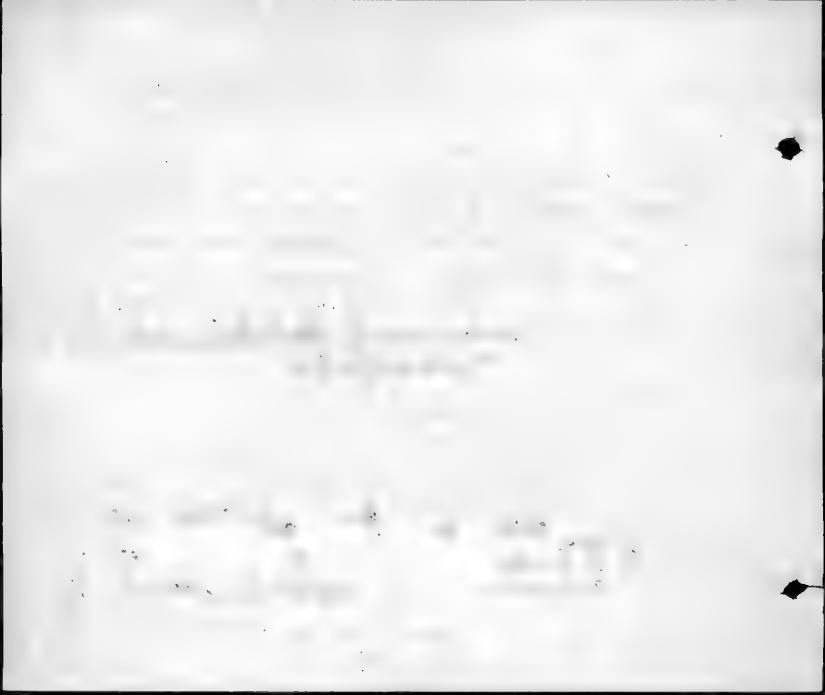
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after death Page

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<u>_</u>		6133	CERTIFICA	TE OF DEATH		60170
ST. M		COUNTY WASHINGTON	MARYLAND	2 USUAL RESIDENCE (Where dece	b. COUNTY	e before admission)
S. S.	Ь	CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)	31/2 MONTHS	c CITY OR TOWN (IF outside co	proporate limits, write RURAL and gr	
30	d.	NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION CLASAISS PRIME MD	t address	d. STREET ADDRESS CLEARS PRIMIC	MO 77.2	e IS RESIDENCE ON A FARM? YES X NO
K .	DI	AME OF ECEASED YPE OF PIRST PROPERTY OF THE PR	Middle	Last 4 DAT		Day Year
)	5 SE	MILLIASIF	VED DIVORCED	B. DATE OF BIRTH ANDARY 9-1887	74 4	YEAR IF UNDER 24 HRS Days Hours Min EN OF WHAT COUNTRY
		during most of working life, even if retired)	OWN HOME	MYERSVILLE 14. MOTHER'S MAIDEN NAME	+13150. CO.NID.	U.S.A.
	1S. V	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	Alexan 17	MISSOURI POVE KLINE	HARSHMAN Address SIMLTHS BURG	~ (XLD:17.2
		PART I. DEATH (Enter only one cause per IMMEDIATE CAUSE BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	my circle	tic Heast D	isean with	INTERVAL BETWEEN ONSET AND DEATH
Top.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS				1(a) 19. WAS AUTOPS' PERFORMED? YES NO
		OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED) (Enter nature of injury in Part I or	Part II वर शक्ता IB j	
	MEDICAL	Haur a. m. While	i for a	ACE OF INJURY (Hame, farm, 20f (tary, street, affice bidg., etc.)	City ar town) (Co	ounty) (State
1		21 I certify that (I) (this haspital) attensaw the deceased alive on I T. I.C. 22a. SIGNATURE	19 6) . and that	eath accurred of 4 M, from ATTENDING MED DIRECTOR	om the causes and an the	_, that (I) (=e) last date stated abave 226 DATE SIGNE
1		22c PHYSICIAN'S NAME (Type) FFLUS &	/	22d ADDRESS Policy	mus Hazents	5 My
W	12	BUR.AL, CREMATION. 23b, DATE THEREOF REMOVAL (Specify) OURIAL MIAV. 7. 1961 UNERAL DIRECTOR'S SIGNATURE	GROSS NICKLE	EMETIRY NR.	GISTRAR 255, REGISTRAR'S SIG	(State) THED . Co. N.O.
1		John to 1 Start 19	CONSBORO /X	DATE DATE	7'61 arihun	P. Thank

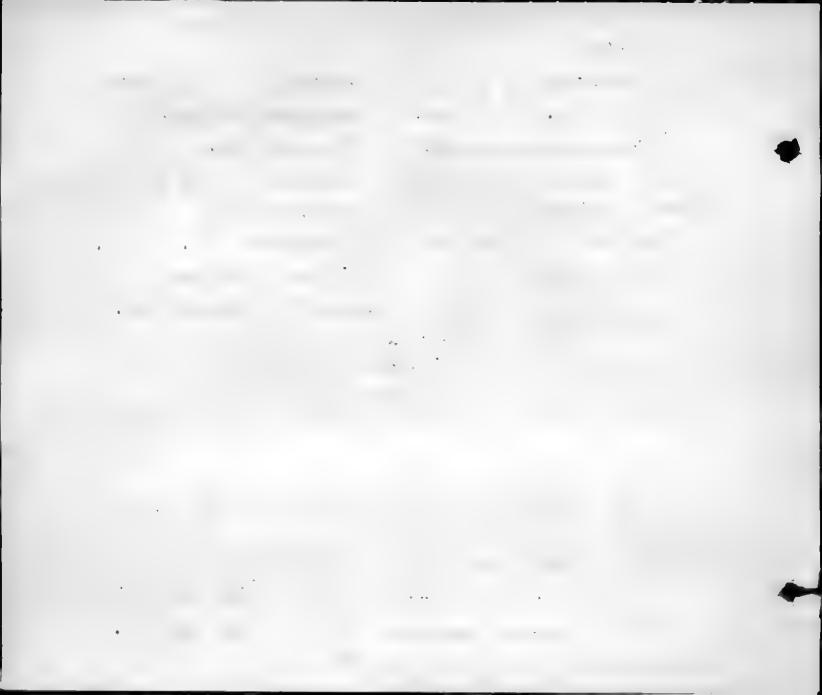


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

	6140			CERTIF	ICAIL	OF DEAT	H			116	12	7
1. PLACE OF						USUAL RESIDENCE	(Where decease			e befor	e admiss	ion)
0. COUN	Washing	rten		MARY	ILAND	Marylan	d	b. COUNT	ashima	r t.m		1
b. CITY C	R TOWN (If outside and give nearest to	corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo				rest fowr	1)
	erstewn.		1	50vrs	I I	iagerste	wie . Ma	rvland.	0 -	`-		
d. NAME	OF HOSPITAL (IF N	at in hospital, gi	ive street o			d. STREET ADDRESS					IS RES	IDENCE FARM?
	shingter	Count	tv He	enital.		17 Brax	ten Av			/		NO 🗌
3. NAME O	F	Firs		Middle		Last	4. DATE		nlh	Doy	,	Yeor
DECEASE (Type or		lle.		Jane		Lewis	OF DEATH	MAY T	12			1961
S. SEX			7- MARRII	ED NEVER MARRI	_	ATE OF BIRTH		9. AGE (In year				
F'ema	le Cel	ered	WIDOWED	DIVORCE		an 8 19	00	lost birthdoy)	1110/111113	Days	Hours	Min
10a. USUAL	OCCUPATION (Give	kind of work d	done 10b. K	IND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (SI	tole or foreign o	country)	12. CITI	ZEN OF	WHATC	OUNTRY
during i	nost of working ife,	even if retired)		m heme		Bruns	wi a le	Md.	0.15	A		
13. FATHER'S	NAME				1.	. MOTHER'S MAIDE		HI GI .	Uč	74F-0-		
J	aba Je	mes				Louis	11.	0 -				
IS. WAS DE	CEASED EVER IN U.	S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO), 17, INFOR	MANT	1 / 1-2	Ad	dress			
(Yes. no, or set	nown) (If yes, giv	re war or dates of se		none	Jah	m demon	7.77 W		A ====			
TIR CAL	USE OF DEATH IF	ter only one on		o for (a), (b), and (c).		TE OURES	<u> </u>	LAXTON-	Ave.		RVAL BE	TWEEN
1 1	PART I DEATH WAS	CAUSED BY:		1. 66	· C.	20 is 15%	Trel				E, AND	
U5	TOTAL CO.	NATE CAUSE (o)		repur	, , , ,	71111	1					
	,,,,		1	16 M	WATT.	- Low	1 A 100			1	>	
	tions, if ony, wh rise to immedia	ote [Li]		curvus	- Chr	C- 11 2011	11000					
	o), stoling the <u>und</u> couse lost.	DUE TO		The constant	A Core	er House	ngrity	_		3	WK	0 _
		J (c)		ONTRIBUTING TO DE	ATH BUT NO	T PELATED TO THE TE	EDMINIAL DISEAS	SE CONDITION G	IVEN IN PAPI	T 1/o1 15	D WAS	AUTOPSY
E S	ARI II OIIIER SIOI	AILICHAL COM	I I	ONNIKIDE III VO VO DE	AIII BOI NO	KEENIED TO THE TE	ENMINAL DISEA	JE CONTONTON O	ITEIN IIN I MA	(0)	PERFC	RMED?
20- 40	CIDENT WAS UND	COLVINIO CO	20h Decc	RIBE HOW INJURY C	ACCHIBBED 15		un Part Los Po	et II of item IR)			162	
I ≅ I OR COI	NTRIBUTING [] CAL	JSE OF DEATH!	ZOO. DESC	KIBE HOW INJURI C	ACCORNED. (E	uter noture of injury	r in Forr I or ro	it it of hem (b.)				
	E OF INJURY Mor		- lond the	LUOV OCCUBBED	200 BLACE	OF INJURY (Home,	5mm 206 (Cit			ounty)		(Stote
	our om.		While	JURY OCCURRED Not white	foctory	street, office bldg.,	, etc.)	y or town,	(0	.cuniyi		(Store
₩	p. m.	19	ot work			/	1	2				
21. l c	ertify; that (1) (this hospital	7 ottende	ed the deceased	from	≯ {	12_1, to.	may !	196	Z, th	ot (l) {	we) los
	ne deceosed al	VERSV	luy /	190/ one	thot deal	h_occurred ot	M, from	the causes o	nd on the	dote	stated	obove
22o SIC	NATURE	186 On				ATTENDING _	MED _	STAFF			1-27	L. DATE
/	ne 71 /1	My Kee	else		M.D	PHYS.	DIRECTOR [1//	5/61
22c PH	YSICIAIN'S ME (Type)					22d. ADDRESS	159 W.	Washingt	on St.			
	Phil	ip J. H	ilrshn	nan, M.D.		<u> </u>		own - Mar				
23g BURIAL	CREMATION, 235	DATE THEREO	F	23c NAME OF CEM	LETERY OR CE	REMATORY	23d. LOCA	TION (City, town	, or county)		(Slot	le)
Dur	Ial "	5-17-1	1961	Kese ha	133 (emetery	Hag		ind.			
24 FUNERA	DIRECTOR'S SIGN		,	ADDRESS	-	250 1	REC'D BY REGIS		SISTRAR'S SIC			
John	1 Nov	son &	2. Ha	agerslow	n h	DATE	MAY 22	'61	1. Word &	. 7 MA	ACIBI	

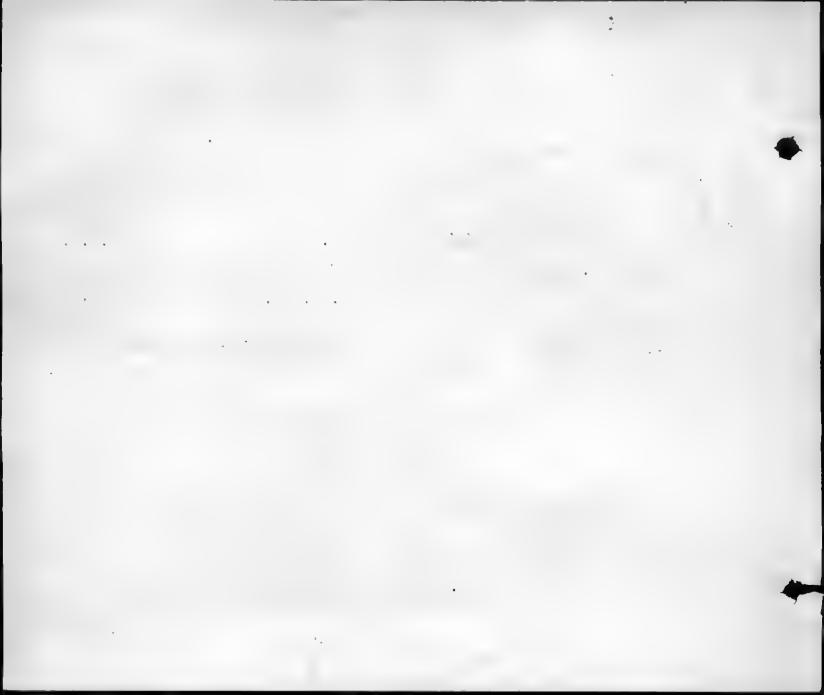


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6141

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLING	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY WASTINGTON								
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and sive accress town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 HAGERSTOWN								
é	d. NAME OF HOSPITAL (If not in hospital, give street or institution WASHINGTON COUNTY FOR	oddress)	1014 CORBETT	ST.	o. IS RESIDENCE ON A FARM? YES NO 2						
	3. NAME OF DECEASED (Type or print) HARVLY GI	ENN MAPT	Last 4. DATE OF DEAT		Day Year 3 1961						
	5 SEX ALL COLOR OR RACE 7. MARR WIDOWE		8 DATE OF BIRTH 3/27/1915	9. AGE (In years IF Ut lost birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS.						
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) SHELT METAL VORALE 13. FATHER'S NAME	KIND OF BUSINESS OR INDUS AIRCRAFT AF			2. CITIZEN OF WHAT COUNTRY?						
	HAPVEY J. JAPTIN		VIOLET STOT	TLIMYFR	ISTOLN						
	THE NAME OF THE PARTY OF THE PA	SOCIAL SECURITY NO. 17 IN 213–16–0667	Ind. V. VA. M	PTIN Address	AL.						
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS COURTS (C). 20a. ACCIDENT WAS UNDERLYING 20b DESCOOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	As Lezi	Sulerus y	ASE CONDITION GIVEN IN	ONSET AND DEATH 12 dada 12 dada N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
*	20c TIME OF INJURY Month, Doy, Year 20d. It Hour o m. 19 while of world work 21. I certify that (I) (this haspital) attends as the deceased alive an 19 220. SIGNATURE 22c FRYSICIAN'S NAME (Type) 1 den 2	led the deceased fram	attending MED BHRECTOR [n the causes and ar	194, that (I) (we) last in the date stated abave. 22b. DATE SIGNED						
1	236 BURIAL, CREMATION, 236, DATE THEREOF EMOVA-(Specify) 5/6/31	23c. NAME OF CEMETERY O	HA CINI	-21010H	MD. 3/6/6						
Z	24 FUNERAL DIRECTOR'S SIGNATURE	EARLS Cource	DATHAY 8		8. Kraua						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before edmiss on) I. PLACE OF DEATH e. COUNTY b. COUNTY e. STATE Washington by the Maryland Washington MARYLAND death b, CITY OR TOWN (if outs de corporete imits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town] ely filled in L rrs. Pages 1 a hours after o Hagerstown Life Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Avalon Manor 62 East Ave. YES NO K completely 3. NAME OF DATE Yeer First Midd e Month DECEASED OF KATHERINE ELTZA 61 (Type or print) DEATH 19 Mav within and control 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5 SEX AGE (In yeers [IF UNDER I YEAR] IF UNDER 24 HRS. 8. DATE OF BIRTH 63 yrs Months Days Hours August 18. Memale DIVORCED WIDOWED X physician IDe. USUAL OCCUPATION (G ve kind of work remove 105. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & Stete, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) U.S.A. Retired Hagerstown, Maryland Clerk Railroad 13. VATHER'S NAME 14. MOTHER'S MAIDEN NAME ing pi death .⊑ Lorene Smith Joseph William Garver tendir 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Then that the (Yes, no, or unkown) (!fyesgivewerordetesofservice) 표 Hagerstown, Md. Mrs. J. William Garver the 18. CAUSE OF DEATH |Enter only one cause per line for ,al, (b), end (g).) g physician signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** aftending Conditions, if any, which (b) gave rise to Immediate cause DUE TO (a), stating the underlying cause last. 0 PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1, 4) 19. WAS AUTOPSY certificate CERT FICATION PERFORMED? NO X nse prior 20e. ACC DENT WAS UNDERLYING [] | 20b. DESCRIBE HOW NJJRY OCCURED. (Enter neduce of mury in Port I or Part I of Nom 18.)
OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER (State) After Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While While Hour a.m. el work lel work f may be retaine.
DIRECTOR: , 3 should be det p.m. 21. I certify that (I) (this hospital), attended the deceased from. 27 on...2 should State D , and that death occured a 2.10 M, from the causes and on the date stated above. saw the deceased 22b, DATE 22e. SIGNATURE SIGNED ATTENDING DRECTOR PHYS. PHYS. TO FUNERAL I director, page 3 be filed with the ADDRESS 22d 22c. PHYSICIAN S NAME (Type) 238, BUR.AL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City flows or county) (State) REMOVAL (Specify) Maryland Hagerstown. Rest Havem Cemetery Burial 258 REC'D BY REGISTRAR 256. REGISTRAR S SIGNATURE ADDRESS Suter - Rouger Funeral VR A15 (4) arthur S. Thrus Hagerstown, 15M 9/60



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6743 is necessary, please exerctor. Page 4 should be cremation N. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY Washington a. STATE Md. MARYLAND to buriol, b. CITY OR TOWN (If outside corporate fimits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 19 yrs. Williamsport Williamsport R2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Bottom Road 2, and 3 to the funer.

y be retained for your tive
and 2 with the registrar p NAME OF First Middle DECEASED (Type or print) William Clarence Martin 6. COLOR OR RACE 7. MARRIED 14 NEVER MARRIED 5. SEX 8. DATE OF BIRTH WIDOWED | white DIVORCED [male August 1 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) should be executed within 24 hours ofter in pencil in flam 18. Give Pages 1, 2, on the colong with farm PM3. Page 5 may be to buriol-transit permit. File pages 1 and Statton Furniture retired mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel J. Martin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Beulah Martin 217-09-9870 no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Arterioscluratic Heart Dicease **DUE TO** Conditions, if any, which gave rise to immediate couse DUE TO (o), stoting the underlying course lost. pending in iner's Office o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY S CERTIFICATION osed ward "pendil of Examiner's (should be use 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED cute to certificate, writing the valored forwarded to the Chief Medical O FUNERAL DIRECTOR: Page 3 st factory, street, office bldg., etc.) Hour o.m. While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy , death resulted fram: Natural causes 🔀, Accident 🗖, Suicide . ACTUAL SIGNATURE **EXAMINER'S** NAME [Type] Ditio 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 5-29-61 St. Pauls Cemetery Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS. A15ME(5) John F. Clark Clearspring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ON A FARM? Bottom Road YES | NO IX 4. DATE Month Day Year 5 1961 DEATH 26 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. last birthday) Months Days Min. Hours 1892 68 12. CITIZEN OF WHAT COUNTRY? Indian Spring Dist. USA Mary Eva Kline Address Williamsport, Md. INTERVAL BETWEEN ONSET AND DEATH incont PERFORMED? NO \square 20f. (City or town) (County) (Stote) Inspection 3. Inquiry and find that Homicide . Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 5-25-61 DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county) (Stote) Clearspring Md. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAY 2 9 '61 arthur & through

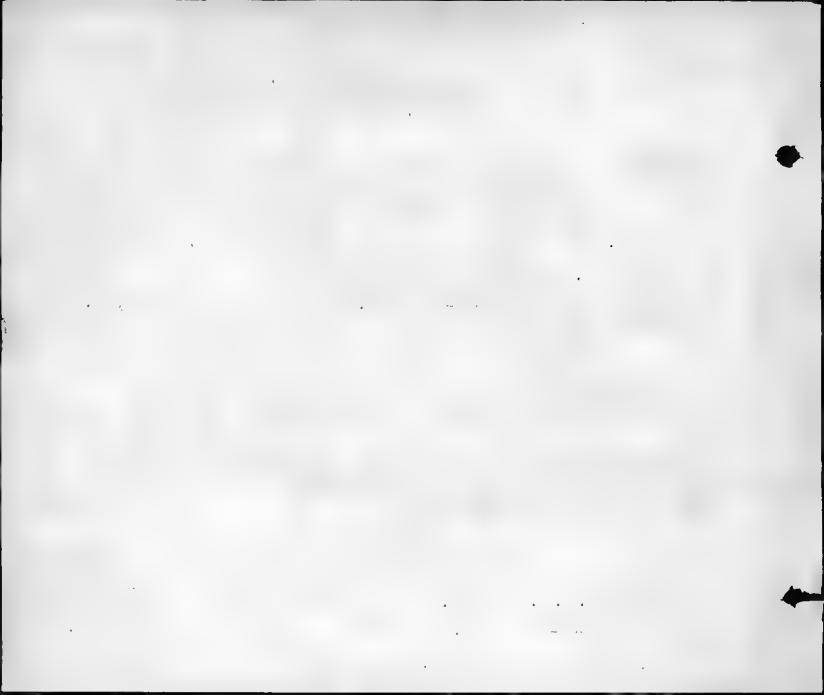
Reg. Dist. No.

Washington

e. IS RESIDENCE

b. COUNTY

5M 9/55



VR A15 (4) 1SM 9/S9

P.

OF	DEATH
	6144

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

			Tto	CERTIFI	CAT	E OF	DEATH	/15/6	l_ iwk		0	131
1. PLAC o. CC	E OF DEATH	Washingto	n	MARYL	AND	2. USUAL R o STATE	residence (v		ed lived. If nsl b. COU	itution: Resident		nession)
b CI	TY OR TOWN	(If outside corporate lim	its, write	c LENGTH OF STAY II	N 16	c. CITY			orote limits, wr	ite RURAL and g	ive neorest to	own)
Ha d. N	gersto	WN ITAL (If not in hospital.	give street	3 yrs. 7	то		mi the	sburg	_		e. IS	RESIDENCE
	35 N	Potomac S	it.		}) 3	52 E.	Water	st.			A FARM?
3. NAN	AE OF		rst	Middle		-	Lost	4. DATE		Month	Day	Yeor
	or print)	Lilli	an	Mae		Mast	ers	DEATH		May	7,	1961
5 SEX		6 COLOR OR RACE	7 MARI	RIED NEVER MARRIE		DATE OF B			9 AGE (In you lost birthd		Days Hou	
	emale	white	WIDOW			Dec.		1864	96	yrs.		
dur	LAL OCCUPAT ring most of wo	rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST			te or foreign le , M	No.		S.A.	AT COUNTRY?
13 FATE	HER'S NAME		_			14. MOTH	ER'S MAIDEN	NAME				
		Samuel H	laue	her					Caro	line N	ichol	S
	S DECEASED EV	ER IN U. S. ARMED FO. (If yes, give wor or doles of		SOCIAL SECURITY NO.		ORMANT	Benci	noff.	Smith	Address sburg,	Md.	
n					200	di dii	Domo	dorr,	-MI OII	Soute		Bernaren
18.			12.	ne For (o), (b), and (c).]	.7	,					ONSET A	ND DEATH
		ATH WAS CAUSED BY:		MANGEL	(KI	mor	204				- 1	all the s
_	Conditions, if ony, which) the fluenticed arteriscle on years										47	
g	onditions, if	immediate (<u> </u>	Jeria Mil	<i>Y</i> (,C)	176 TV	12666	from the			-/-	
	iuse (a), stating ing couse last	rne <u>under-</u>	cl									
CATION	PART II. O		-1-	CONTRIBUTING TO DEA	THIBUT N	IOT RELATE	D TO THE TER	MINAL DISEA	SE CONDITION	GIVEN IN PAR	PE	AS AUTOPSY REORMED?
SILVE OR (IF	ACCIDENT WE CONTRIBUTION EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter notu	re of injury i	in Port I or Po	ort II of item 18)		
WEDICAL	Hour o m.	10	While	Not while			RY (Home, fa office bldg., e	rm, 20f. (Ci etc.)	ty or town)	(6	County)	(Stote
	p m			rk ot work				· ·		Tel. 10 (21	
		at (I) (this hospita ased alive an		ded the deceased to the deceas				19.√ ', .ta. .∉.M, fram		and an the	11, that (I date sta	l) (we) las ted abave
226	SIGNATURE					ATTEN		MED _	STAFF	1	/	226 DATE SIGNED
		Michigan Li			М	D PHYS		DIRECTOR [1/0	9/6/	
220	PHYSICIAN'S NAME (Type)	/				22d A(DDRESS					
23a. BU	IRIAL, CREMAT	ON, 236 DATE THERE	OF .	73c NAME OF CEME	TERY OR	CREMATOR	rY	23d LOC	ATION (City, to	wn, or county)	(Stole)
Ü	MOVAL (Spicif	May 10	61	Bethel	Cem	eter	y	Lai	ntz,	Md.		
24. FUN	VERAL DIRECTO	R'S SIGNATURE		ADDRESS			2So RE	C'D BY REGI		REGISTRAR'S SH		
Sc	ott F.	Minnich	& Sc	on. Smiths	bur	g. Mi	DATE	AY 1 0 '	61	aulus S.	Thank	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admiss PLACE OF DEATH a. STATE Maruland Washington Washington the d MARYLAND c. CITY OR TOWN (If outs de corporeta limits, write RURAL and give neerest town) b. CITY OR TOWN (if autside carparete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerast town) 10 yrs. Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 604 N. Prospect St. Washington County Hospital YES NO X NAME OF DECEASED DEATH (Typa or print) Albert 1961 Mencheu 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACELT, MARRIED W NEVER MARRIED B. DATE OF BIRTH lasi birihdey) Months I June 13, 1886 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Woolen Mill Machinist nding phys please ren 13. FATHER'S NAME David Alexander Menchey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. Mrs. David Menchey 604 N. Prospect St. (Yes, no, or unkawn) (Ifyesolyewer or detesafservice) 176-01-4072 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] 2 CU- 32 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0), 19. WAS AUTOPSY PERFORMED? YES T NO En Tellis Sil skene 200. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of Item 18) (State) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work at work ..., and that death occured a. 53P Nom the causes and on the date stated above saw the deceased alive on. . . 5/.11/61. 19 22a, SIGNATURE SIGNED ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Howard N. Weeks, M.D. 136 N. Potomac St., Hagerstown, Md. 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stelle) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Rest Haven Cmeetery Haaerstown 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel Hagerstown, Md. DATE 15M 9/60 Wey G. Horst

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Clarkey S. House

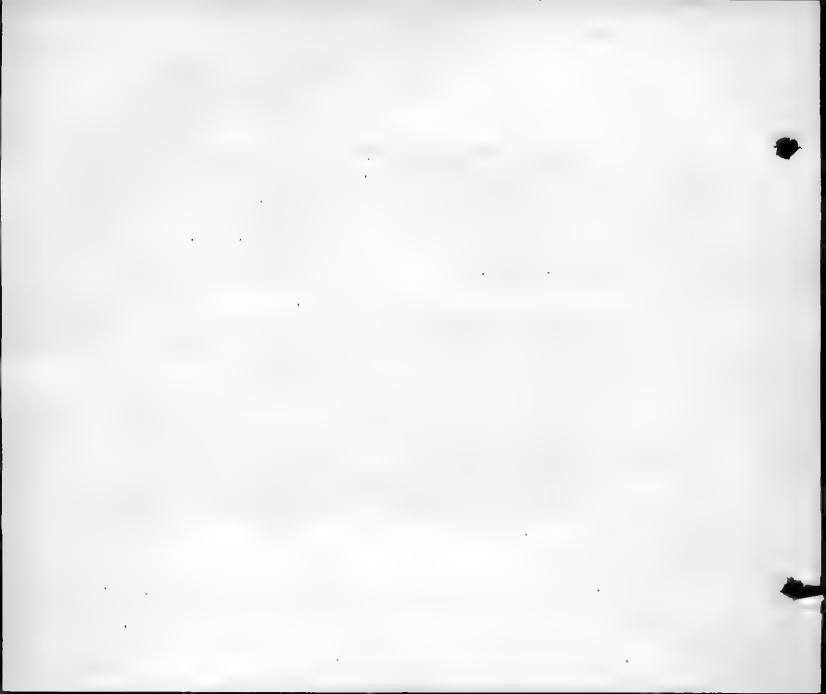
T	PLACE OF DEATH			DENCE (Where dece			before admis	sion)
4	Washington	MARYLAND	a. STATE Ma	aryland	b. COUN	Wash	ingto:	n
r	b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16		OWN (If outside co	rparate limits, write	RURAL and giv	re negrest taw	n}
H	Hagerstown		N.	Rural	Smith	sburg		
	d NAME OF HOSPITAL (If not in hospitot, give street OR INSTITUTION	address)	d STREET A	DDRESS			e IS RES	SIDENCE A FARM?
	Washington County Hos	pital	9]	Route	2			NO [2]
:	NAME OF DECEASED	Middle	Las		E M	lonth	Day	Yegr
1	(Type or print) Unamed child	of Charles L	/ Mill	er DEA	тн Мау	6		19 61
	SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED 3	8. DATE OF BIRTH	1	9. AGE (in year	1	YEAR IF UND	
L	Female White widow	ED DIVORCED	May	6, 1961		rs. Montres D	loys Hours	Min
7	(Oa. USUAL OCCUPATION (Give kind of work dane 10b. during mast of warking life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPL	ACE (State or foreig	n country)	12. CITIZE	N OF WHAT	COUNTRY
L	None	None	Hag	erstown,	Md.			
1	3. FATHER'S NAME		14. MOTHER'S	MAIDEN NAME				
	Charles E. Mille	r	L:	illie Ca	rroll S	hank		
- 1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give war or dates of service)		NFORMANT			ddress		
		Ch	narles :	E. Mille	r Rout	e 2 Sm	ithsb	urg,
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (g), (b), and (c).]					INTERVAL BE	ETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	talectoses					2-11	-0-
1	762.0 DUE TO						10	
	Conditions, if any, which) (b).							
	gove rise to immediate DUE TO							
1	lying couse last. (c)			-				
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBLTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	EASE CONDITION (GIVEN IN PART	l(o) 19 WAS PERFO	AUTOPSY DRMED?
1	3						YES [NO
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	f injury in Port 1 ar	Part II of item 10.}			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
1	a Hour a.m. While	NJURY OCCURRED 20e. PL Not while	ACE OF INJURY (ctory, street, office	Home, farm, 20f. (bldg , etc.)	City ar tawn)	(Ca	unty)	(State
1	¥ p. m. 19 at wor							
1	21 I certify that (I) (this hospital) attend	ded the deceased from	3:30/2	45/496/ 11	5:30 P.74	5/6/196	(i) that (I)	(we) las
4	saw the deceased alive an 5/6/	19_6_/ , and that a	death occurred	d at 5:30 M, fro	im the causes	and on the	date stated	d above
1	220. SIGNATURE		ATTENDING	G -MED	STAFF	1130	_ / 22	b.DATE
1	a Milkeen	_	M.D PHYS	DIRECTOR	PHYS.	61:11.	5/7/	61
1	22c. PHYSICIAN'S NAMERType) M. Bacon		22d. ADDRE	11 6	T 1/2	T 41 F T 0 4		1111
			101	KING SI	· NHGA	KSIOU	NN,	M
- 1	23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Sepcify)	23c. NAME OF CEMETERY O			CATION (City town		(Sto	le)
-	Burial 5-7-61	Reformed C	emeter		avetown	·		
- 1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	31.1	250. REC'D BY REC	GISTRAR 2Sb. RE	GISTRAR'S SIGN	NATURÉ	
E	Scott F. Minnich & Son	omithsburg,	Md.	DATE MAY 9	⁷ 61		i.m	

after death Page 4 by the funeral directar, may be retained by the haspital or attending physician.

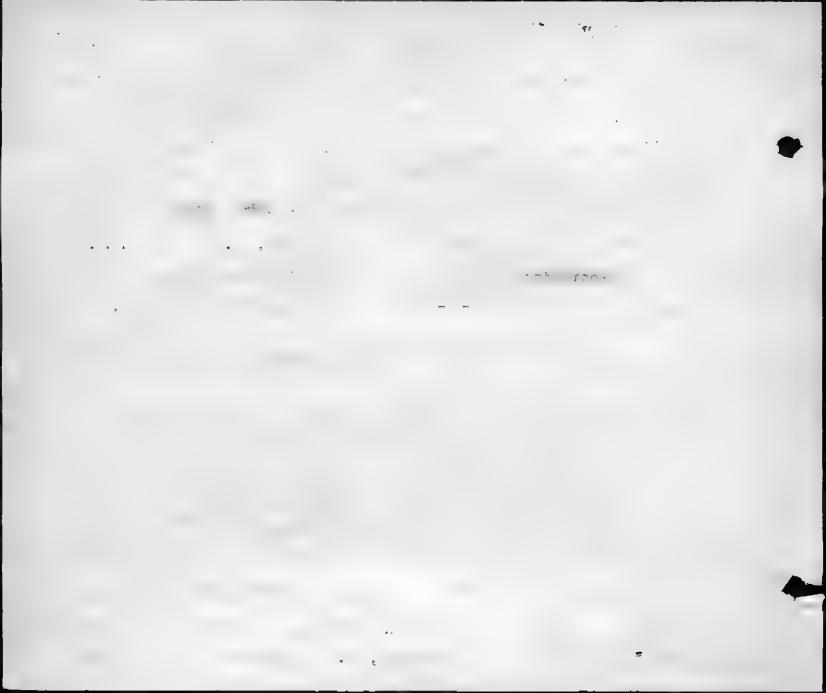
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the fupage 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shoul the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

dotte filed with

TO HOSPT VR A1S (4) 15M 9/59



MARYL	AND STATE DEP	ARTMENT OF HEAD		
DIVISION OF STATISTICAL RESEAR	CERTIFICATE		T, BALTIMORE 1, M	(16134
i. PLACE OF DEATH a. COUNTY Washington b. CITY OR TOWN (if outs de corporeta limits, write RURAL and giva nearest town) Hagerstown	maryland c. LENGTH OF STAY IN 16 12 years	2. USUAL RESIDENCE (Whe a. STATE Marylan c. CHY OR TOWN (If outside Hagerst	d b. COUNTY 1 corporate limits, white RURAL	Vashington
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho Washington County Hospital NAME OF DECEASED (Type of prof) ELIZABETH	spital, give streat address)	d. STREET ADDRESS 1215 Ravenwood Lest MOABE	Heights	o. IS RESIDENCE ON A FARM? YES NO TO YES 1961
dona during most of working life, even if retired)	DIVORCED DIV	DATE OF BIRTH anuary 21, 1895 It is BIRTHPLACE (County & Stell Pittsburg, P 14. MOTHER'S MAIDEN NAME		ER I YEAR IF UNDER 24 HRS.
18. CAUSE OF DEATH (Enter on y one cause per	83-19-4768 M	мговмайт ilton Richard Mo	eth Lissett Address ats Hagerstov	Maryland Interval Between Onset and death 4-5-hours
Conditions, if eny, which gever se to immediate couse (a), stelling the underlying couse lest. Couse lest.		OT RELATED TO THE TERMINAL DISE		Indefinite ART 1(e) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING [] CAUSE OF DEATH		nuclueus pulposi . (Enter neture of injury in Pert I or		YES NO 2
Hour a.m. While	e Not While fact	CE OF INJURY (Home, farm, 2Df. lory, street, office bldg., etc.)		County) (State)
21. I certify that (I) (this hospital) after saw the deceased a ive on5-16-61		death occured 10:50%,	TAME the causes and o	
238. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Spec.fy) Burial 5/19/1961	23c. NAME OF CEMETERY Rest Haven C	OR CREMATORÝ 23ď. emetery H	n, Maryland LOCATION (City, fown or exagerstown LEGISTRAN 25b. REGISTRAN	Maryland
Suter - Houzer Funeral Hon	Hagerstown,		- 4-4	2. Kraus



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06155

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1	PLACE OF DEATH	ashington		MARYLAN	- 11 .	USUAL RESIDEN o. STATE	Md.		b COUNT		ence befor Wash		
	b. CITY OR TOWN (III RURAL and give no Hagersto	f outside corporate fimi larest town) NYM	16 C	c _{p.} CITY OR TOWN (If outside corporate limits, write RURAL and give nearest sown) C Hagerstown									
	OR INSTITUTION	AL (If not in hospitol, o Hospital	jive streel	oddress)		d. STREET ADD		olph /	lve.		4	ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Edna	rst	Middle Pearl	-	loss Myers		4. DATE OF DEATH	M.	onth)	22		Year 19 61
5.	female	6 COLOR OR RACE white	7. MARE	RIED NEVER MARRIED [TE OF BIRTH 5→ 1896			9 AGE (In year lost birthday) 64 yr	Months	Days	Hours	ER 24 HRS Min
	during most of work house	ON (Give kind of work ing life, even if ratired Wife	done 10b.	home		11 BIRTHPLACI Elktoi . MOTHER'S MA	n, V	a.	untry)	12 C	USA	WHAT	COUNTRY?
"		iam Henry	Higar	2				. Shi	rlev				
1.5 (Y	WAS DECEASED EVER		CES? 16	SOCIAL SECURITY NO	7, INFOR				Ad	dress	Cit	У	
		TH WAS CAUSED BY- MMEDIATE CAUSE (c DUE TO Ty, which mediate)))	ne for (e), (b), and (c) } Subarac Cerebra Arterios	l va	scular a	aveu	ryises			31	^{ET} KNO	finite
CERTIFICATION	PART II. OTH ASTHM) (c	INSI	CONTRIBUTING TO DEATH						IVEN IN PA	ART 1(o) 19	PERFC	ORMED?
MEDICA: CE	20c TIME OF INJURY Hour oum	Y Month, Doy, Ye		NJURY OCCURRED 200Not-while	e. PLACE (OF INJURY (Hon street, office b)	ne, form dgetc_	, 20f. (City	or town)		(County)	 -p	(Stote)
	21 I certify tha			ded the deceased fro 21961, and th								stated	
	22c PHYSICIAN'S NAME (Type)	Robert F.	7. X	adle, M. D.	M.D	ATTENDING PHYS [22d. ADDRESS	X DII	RECTOR L	staff phys []		lay 2 aryla	23,	1961°
	BURIAL CREMATIO REMOVAL (Specify) DUFTAL	5-25-61	OF .	23c NAME OF CEMETER					ON (City, town)	(Sto	
	FUNERAL DIRECTOR:	S SIGNATURE	reto	ADDRESS			o REC'I	AY REGIST		GISTRAR'S			

TO HOSPY VR A15 (4) 15M 9/59



VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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ı	1 PLACE OF DEATH 0. COUNTY		 USUAL RESIDENCE (Where do. STATE 		Residence before admission)				
	WASHINGTON	MANAGAMII	WASHINGTON	b. COUNTY MARY	LAND				
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside	e corporate limits, write RURA	AL and give nearest town)				
	KXXXXXX HAGERSTOWN	9 MO.	HANCOCK	×					
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	at address)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?				
		TATE HOSPITAL	HANCOCK. M	ARYLAND	YES NO				
1	3 NAME OF First	Middle		DATE Month	Day Year				
	(Type or print) Luther	Roscoe		DEATH 5	25 1961				
	S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	The state of the s	UNDER 1 YEAR IF UNDER 24 HRS				
A S	M W WIDO	WED DIVORCED F	3/27/1897	63 yrs.	Aonths Doys Hours Min.				
1	10a USJAL OCCUPATION (Give kind of work done 10	6. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?				
	during most of working life, even if retired) RAILROAD	RAILROAD	HANCOCK.	MARYLAND	U.S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	LEVI B. MYERS		IDA MAY S	OUDERS					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO 17. IN	IFORMANT	Address					
	(Yes, no, or unknown) (If yes, give wor or dates of service)	705.05.91807	OM VANCE	HANCOCK, M	ARYLAND				
	18. CAUSE OF DEATH Enter only one couse per				INTERVAL BETWEEN				
			neu edema	_	ONSET AND DEATH				
		cute pulmon							
	Conditions, if ony, which by Posterior myocardial infarction, old 8 mos.								
	gave rise to intringuiste								
	lying cause lost.								
	PART IF OTHER SIGNIFICANT CONDITION Phecipalia archive OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Performed? Performed? YES ** NO							
	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH								
57		144							
	Y 20c. TIME OF INJURY Month, Doy, Year 20d White Programmer Progra	6	ACE OF INJURY (Home, form, { 20 story, street, office bldg., etc.) }	Of. (City or town)	(County) (Stote)				
	≥ p. m. 19 of w	vork at work							
	21. I certify that (1) (this haspital) atte	nded the deceased from	Aug 19 1960) to May 25	., 19.6£, that (I) (we) lost				
	saw the deceased alive an May	25 1961, and that a	leath occurred at A.M.	from the Couses and	an the date stated above.				
	22a. SIGNATURE	0	ATTEMPING HED	CTAEC	22b DATE SIGNED				
		Kamas,	M.D. PHYS. DIRECT		may 25,190				
	22c PHYSICIAN'S NAME (Type)			en maryland					
	NAME (Type) VICTOR L. Re	211205,10.0,	Hager	stown, maryla	and.				
	23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY 23d	LOCATION (City, fown, or	county) (State)				
	BURIAL 5/27/61			HANGOCK	MARYLAND				
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR 2Sb. REGISTR	RAR'S S GNATURE				
	Holy touch of Blue	e Harris	CO MAN DATE MAY	2 9 '61 Cin	hun & Hama				



VR A15 (4) 15M 9/59

6150

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

116101

a COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
Washington	o. STATE Maryland b. COUNTY Washington
b CITY OR TOWN (If auts.de corparate limits, write RURAL and give nearest tawn)	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
Hagerstown 50 years	R Hagerstown
d. NAME OF HOSPITAL (If nat in haspital, give street address)	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
2451 Virginia Ave.	2451 Virginia Ave YES□ NO 5
3. NAME OF First Middle	Last 4. DATE Manth Day Year OF
(Type or print) Bessie May N	ichols DEATH May 6 1961
5 SEX 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE
	ctober 22, 1886 74 yrs Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind af wark done dut pg mait af warking life, even if retired) HOUSE WIIE OWN HOME	TRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTR
House Wife Own Home	Near Hagerstown, Md
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver T. Baker	Sarah Eryon
	FORMANT · Address
	rnon W. Nichols Carlisle Pa.
18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c)) /)	T. 16 + Meagas TI INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (1) Como Sclen	hi read Niseas with 5 yrs
120.0 DUE TO 1.1	
Canditians, if any, which) In MUCCALLIN -A	elist
gave rise to immediate	
cause (a), stating the <u>under-</u> lying cause last. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING TO DEATH BUT OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part or Part II of item 18.)
(¥) far	ACE OF INJURY (Hame, farm, , 20f. (City or tawn) (Caunty) (Statety, street, office bldg., etc.)
Haur a. m. While Not while p. m. 19 at wark at wark	iory, sireer, orrice blogs, etc.)
21. I certify that (I) (this haspital) attended the deceased from	1945 19 , 10 May (e , 1960) that (1) (me) la
M 1/2 a	eath accurred at 8 M, from the causes and an the date stoted abov
220 SIGNATURE	* 22b DATE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M.D. PHYS DIRECTOR DIRECTOR PHYS D
22c PHYSICIAN'S	22d ADDRESS /
NAME (Type) F F L U.S' b)/	2317/10-World Nalpenny My
230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, tawn or county) (State)
Burial 5-9-61 Rest Haven	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D 8Y REGISTRAR 25b, REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstown	, Nd. DATMAY 10'61 Chilling S. Thomas
0	



TO HOSE

VR A15 (4) 1SM 9/59

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6151

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06138

1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	here deceased 1			fore admiss	ion)
1	Washington	- MARYLAND	o. STATE INELTVI	.und	b. COUNTY	mashi	ngto	n
1	b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	g. CITY OR TOWN (If	outside corporo	te limits, write R	URAL and give r	eorest town	1)
ı	RURAL and give nearest town) Hagerstown	5 Yrs.	Hager	stown				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS				e. IS RES	IDENCE FARM?
	103 South Prospec	t St.	303 Sou	th Pro	spect	St.		NO
3.	NAME OF First	Middle	losi	4. DATE	Mon		Day	Yeor
L	DECEASED (Type or print) DELLA	MAE PAL	LER	OF DEATH	May	11		1961
\$.		RIED NEVER MARRIED	B DATE OF BIRTH		AGE (In years fast-buthday)	Months Day		
1_	Fenale White wow	ED 🙀 DIVORCED 🗌	May 5,1896		6D yrs	Months Day	Hours	Min.
10	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Slote	or fareign cou	ntry)	12 CITIZEN	OF WHAT C	OUNTRY?
	Custodian	Office	Jartinsbu	rg Ber	rklev (od W. V.	. []	SA
13	FATHER'S NAME		14. MOTHER'S MAIDEN I					
ı	John Tabler		Enna	Estel	le Mod	re		
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	NFORMANT		Add			
(,	(If yes, give war or elates of service)	5-34-7630 Ar	s. Irene F.F	ay 150	9"T"St	. S.E.		
	18 CAUSE OF DEATH Enter only one couse per	ne for (o), (b), and (c)]	Çl.	shingt	on D.C	III	ITERVAL BE	
	PART I. DEATH WAS CAUSED BY:	70. 40 min	+ 00.0.0	- 4000	4.	0	NSET AND	DEATH
	IMMEDIATE CAUSE (o) TY	Late May	deadeal =	La fas	-trons		نمصل میناد	2-1
	17201		0 0 1		0-	.0.	_	
	Conditions, if any, which (b)	pertende	Carsuac	Casa	Mar C	els.	57	13_
	cause (o), stoting the under-	a ch	Carliac	an terr	h^			
z							10 WAS	ALITOPSY
CATION	TAKE II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO DESTITE BO	THOT RELATED TO THE TERM	IIIAME DISEASE	CONDITION SI	TEN IN PART (0)	PERFO	RMED?
CERT F	200. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port I	l of item 18.)			
18	20c TIME OF INJURY Month, Doy, Year 20d. I		LACE OF INJURY (Home, form		r łown)	(Count	γ)	(State)
WEDICAL	Hour a.m. White	NOT WHITE	octory, street, office bldg., etc	c.)				
~			May 10 10	59 L	(0. 11	106/	sl	
	21. I certify that (I) (this haspital) attend	O	and a second	V =	1 /	, 196./,		
	saw the deceased alive an Itpa	5 196 / , and that	death accurred at L.F.	2M, fram th	ne Causes an	id an the da		abave b DATE
	Edward W. Q180	700		IED .	STAFF		20	SGNED
	22c PHYSICIAN'S	1	22d. ADDRESS	1RECTOR [PHYS _		07	13/91
	Edward W. Ditto 111	MD		+ Wash	ington	St. H	0.0	VAL
-	BUR A., CREMATION, 236 DATE THEREOF	122- NAME OF STATES						- L
23	REMOVAL (Specify)	23c NAME OF CEMETERY			ON (City, town,		(Stat	e)
-	Burial 5/14/61 FUNERAL DIRECTOR'S SIGNATURE	Rose Hill	Cenetery			Sh ()		d.
24	A			D BY REGISTRA		STRAR'S SIGNAT		
	Andrew K. Cofficin H.	waretown le	THE DATE !	F A 0.1	Circ	un S. Fran	LAL .	



director, Page or your files. with the pages form PM3. Office along with ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be prior DEF

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) **GOUNTY** Jashington Maryla nd MARYLAND b. CITY OR TOWN (I outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearast town) write RURAL and give nearest town) Boonesboro Sharpsburg 1 hour d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) Ad STREET ADDRESS IS RESIDENCE ON A FARM? Sharpsburg, Main Street 3. NAME OF Midd e 4. DATE Alexander Victor Poffenberger (Typa or print) DEATH May 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) | Months Male WIDOWED [DIVORCED [April 100. USUAL OCCUPATION (Give kind of work 106. KND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farming USA Sharpsburg, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Otho J. Poffenberger Elizabeth Welsh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Naude Poffenberger Sharpsburg, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Ocelusion Instant DUE TO Conditions, fany, which Arteriosclerotic Heart Disease, Sovere gave rise to immediate causa (a), stelling the underlying cause last. (a) Mild Hypertension PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, fenter nature of injury in Part I of plant II of plant III. PRIMARY | or CONTRIBUTING FT CAUSE OF DEATH. 20c TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 17. Inquiry. death resulted from: / Natural causes Accident . Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) View Cemetery Mt. Sharpsburg, 248. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE

DATE

arthur S. Krous

VS. A15ME 5M 7/59



tem 18 Film 287 5-25 MARYLAND STATE DEPARTMENT OF HEALTH Division 1, STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY Washington **b.** COUNTY Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town)
Hagerstown Vear Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Wabash Avenue Wabash Avenue YES NO X NAME OF Middle 4. DATE DECEASED OF PEARL 1.ADELENT (Type or print) PRICE May DEATH 1961 with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR! IF UNDER 24 HRS. last birthday) **Female** White Months Deys Hours WIDOWED F DIVORCED Dec. 24. " yrs. 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (Stelle or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Hagerstown, Wash. Co., Md. Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph H. Martin Virgie B. Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) Mrs. James Resh No 321 Brookline Avenue Office along w 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Undetermined in pencil IMMEDIATE CAUSE (#) removal, **DUE TO** Conditions, if any, which "pending" geve rise to immediate cause **20 (0** DUE TO SE (a), stating the underlying Examiner ò besn cause last, cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY CERTIFICATION sease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be r its desirmited agent, prior to burial, cremating PERFORMED? YES PC NO 20s. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or lown) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from-Natural causes 🗸 Accident Suicide Homicide Undetermined manner X CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S King, Jr., M.D. 5/9/61 NAME (Type) Address (Street, city, town, or county) DEP 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) **₹**0 Burial Hagerstown wash Rose 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE DATE MAY 1 1 '61 Andrew K. Coffman Hagerstown Ld. arthur S. Frank 5M 9/60

Jeath. If any sy is necessary, d 3 to the funeral director. Page ay be retained for your files. with the State Board of Health. cuted within 24 hours after death of fem 18. Give Pages 1, 2, and 3 is g with form PM3. Page 5 may be it permit. File pages 1 and 2 with in any event. Within 72 hours aftin any event. certificate should be OTY MEDICAL EXAMINER: This

VS. A15ME



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH a. COUNTY Washington MERYLAND 후 7 기 b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 write RURAL and give neerest town) Hagerstown Lid Week S Pages Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Vashington County Hospital 3. NAME OF 4. DATE Midd.a DECEASED OF (Type or print) Charlotte DEATH Bell Reichter carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH and White Female WIDOWED [DIVORCED June 22 physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Home Housewife liausport 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Effie Alvey G. Hoffman Bell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown), (If yas giva war or datas of sarvica No Charles none 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUE TO Conditions, if eny, which gava rise to immadiate cause DUE TO (a), stating the undarlying causa last. CERTIFICATION use prior 20s. ACCIDENT WAS UNDERLYING I'I OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg , atc.) Whila Not While at work 21. I certify that (I) (this hospital), attended the deceased from.... saw the deceased alive on.... DIRECTOR PHYS.

2. USUAL RESIDENCE (Where decreased lived, if institutions Residence before edmission) **b.** COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL end give naarast town) Williamsport Md. RF IS RESIDENCE ON A FARM? Virginia ave YES NO Year Month Day May 28 19 67 AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Davs 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A Williamsport ud deichter INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 🕅 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20d INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) ..., to. 5/28/6/, 19....., that (I) (we) last .8/6P....19.... .., and that death occured at 1.12.M, from the causes and on the date stated above PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b ty, lown or county! REMOVAL (Spacify) mest haven Celetery

FUNERAL director, be filed 0 VR A15 (4) 15M 9/60

26. ° , 1:

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0 6.2.0 <u></u>	CERTIFICATE	or DEATH	60147
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If i	
П	•. COUNTY Washington	MARYLAND	Maryland b. coun	Washington
	b. CITY OR TOWN (if outside corporate I mils,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write	
	write RURAL and give neerest lown) Hagerstown	35 years	Hagerstown	
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	1	d STREET ADDRESS	. IS RES DENCE
	Washington County Hospita	1	301 Claire Street	YES NO TO
	3. NAME OF First	Midd e	Last 4. DATE Month	Dey Yeer
-	(Type or print) TOTA	BELLE	RENNER DEATH May	7 19 61
	5. SEX 6. COLOR OF RACE 7, MARRIE	D NEVER MARRIED 18.	DATE OF BIRTH 9. AGE (In years	
	Female White WIDOWE	. 1	ebruary 18, 1903 St. byrhdey)	Months Deys Hours Min.
-	10e. JSUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (County & State, or fore gn country)	12. CITIZEN OF WHAT COUNTRY?
	Waitress	lestraunt	Warfordsburg, Penna.	U.S.A.
	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	•
7	Doyle Morgret		Lillie Peck	
ノ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	PORMANT Address	-
	(Yes, no, or unkown) (If yes give we rordetes of service)	4-09-6383 Edg	gar A. Renner Hagersto	wn, Maryland
	IB. CAUSE OF DEATH [Enter only one cause per I	ine for (e), (b) ord (c).]	CO	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	the Vulne	onary dema	The state of the s
	DUE TO	21	11 60	2. days
	Conditions, if eny, which (b)	my ware	Least () our	
	gave rise to immediate couse (e), stelling the underlying DUE TO	(2 0' p)) . Fig. V (Os los	2 yen-
	cause lest. (c)	KCivellat &	elghanous a property	
	PART II. OTHER SIGNIFICANT CONDITIONS CO	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT			YES NO
	200. ACCIDENT WAS UNDERLYING 3 20b. DES	CRIBE HOW INJURY OCCURED	(Enfer nature of in ury in Pert I or Pert I of item 18.)	
- 1				ŕ
	0		E OF INJURY (Home, farm, 20f. (City or town) y, street, oil ce bidg., etc.,	(County) (State)
	Hour e.m. Wh.le p.m. 19 at wor	1401 411 10	40 1100	> 6/
	21. I certify that (I) (this hespital) affect	ded the deceased from.	10 10	, 19/., that (I) (we) last
	saw the deceased alive on 77		death occured M. from the causes	and on the date stated above.
	22a. SIGNATURE		ATTENDINGS / MED, STAFF	22b. DATE SIGNED
	71.10	NO WO	PHYS DIRECTOR PHYS.	2-/-6/_
	22c. PHYSIC AN'S NAME (Type)	1	22d. ADD9£53	/ /
	D. J. Boyer	M.D.	Hagerstown, Maryland	
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		
	Burial 5/10/1961		etery Hagerstown	
	24 JUNERAL DIRECTOR'S SIGNATURE Suter - Rouger Funeral Her	ADDRESS	25a. REC'D BY REGISTRAR 25b. REC	
	I Franklin Norger	Hagerstown, 1	Md. DATE MAY 12'61,	Tothur S. Flrank



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	6156 CERTII	FICA	TE OF DEATH		AND	061.5
	1. PLACE OF DEATH 6. COUNTY Washington MAR	YLAND	2. USUAL RESIDENCE (W		COUNTY	ce before admission
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Rural	/ IN 16	c city or town (if a Rura)		ils, write RURAL and g	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Smithsburg, R.D.2		J. STREET ADDRESS Smith	nsburg, R.	D.2	e IS RESIDEN ON A FAR YES NO
	3. NAME OF DECEASED (Type or print) Franklin Willi		Ridenour	4. DATE OF DEATH	Month 5	Doy Year 2 196
	s sex 6. COLOR OR RACE 7. MARRIED NEVER MARR male white widowed □ DIVORCI	ED 🔲	B. DATE OF BIRTH June 3, 1875	85	(In years IF UNDER birthday) Months yrs.	Days Hours N
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS (during most of working life, even if retired) Farm Labor	OR INDU	Edgemont	t, Md.	12. CIT	U.S.A.
1	Daniel Ridenour		14. MOTHER'S MAIDEN I	-		
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1/2 (If yes, give wor or dotes of service) none	- 1	NFORMANT rs. Franklin V	V. Ridenou	Address ur, Smithsl	ourg, R.D.
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	EATH BU	ONE CONTRACTOR	NO COLL 3	TION GIVEN IN PAR	PERFORME
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI 200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While of work of work	20e Pi	D. (Enter nature of injury in ACE OF INJURY (Home, for	n, / 20f. (City or taw		YES NC
	21 I certify that (I) (this haspital) attended the deceased		death accurred at #2	4		, that (I) (we)
	220 SIGNATURE 22c. PHYSICIAN'S NAME (Type)		ATTENDING	AED STAI		22b DA \$10
	230 BURIAL, CREMAT ON, REMOVAL (Specify) Burial 5/6/61 Smithsb		DR CREMATORY	23d LOCATION (C	or county)	(State)
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS WAYDES			D BY REGISTRAR	296. REGISTRAR'S SI Ciriling &. 1	GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO TO

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Sale)

(State)

Maryland

ON A FARM?

VR A15 (4) 1SM 9/60



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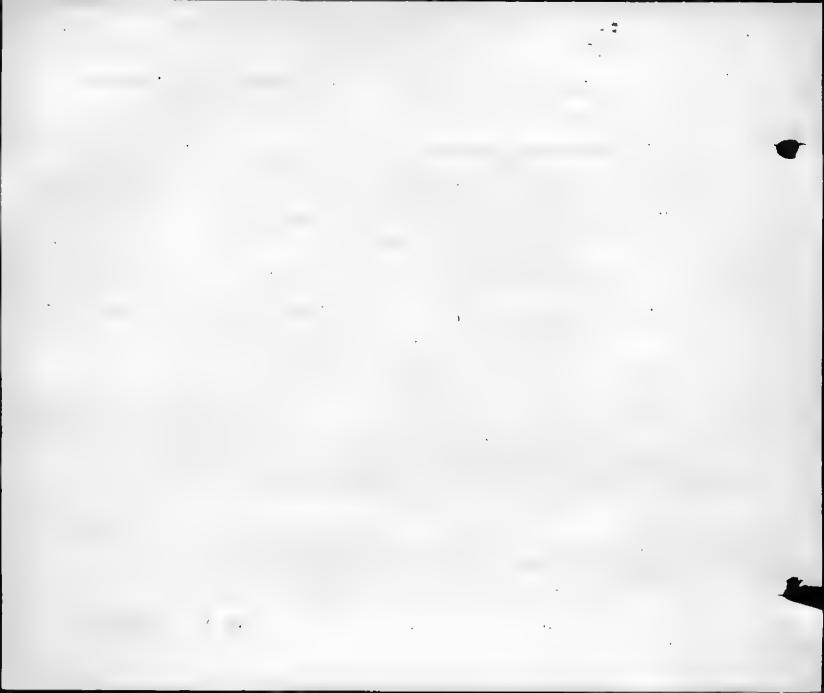
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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND WASHINGTON WASHINGTON MAIRULAIVA b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) WEEKS AGERSTOWN HACLERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? SOUTH YES NO IN OTOMAC MARIACK NORSING-HOME 4. DATE NAME OF Middle Furst Year DEATH 19 6/ (Type or print) COHKELZ 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lost birthday) Dovs DIVORCED [7] WIDOWED V FEMALE 106 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OWN WASH, CO. MD. U.S. House 13. FATHER'S NAME HIGHTMAN 17 INFORMANT 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. GOS SI POTOMAC ST $M \cap M \vDash$ INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line for [a], (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 720.0 DUE TO Conditions, if ony, which gove rise to immediate DUF TO couse (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO X 20g, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY [Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. While Not while at work of work 61.10 24/74 ___, 19.6.L., that (I) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. , and that death accurred at 1/2 M, from the causes and on the date stated above saw the deceased alive an. 22o. 5 GNATURE SIGNED ATTENDING PHYS MED. STAFF M.D 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 256, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ariling & Krous OCNSBORD

TO FUNERAL page 3 sh the State VR A15 (4) 1SM 9/S9

toined by the I



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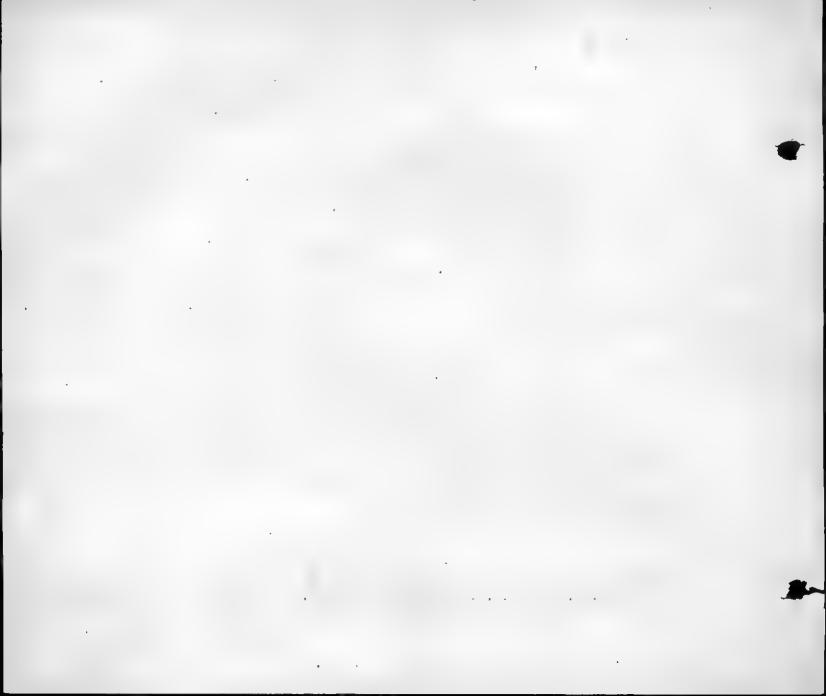
ofter death. Page 4

AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, and defected for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with Board of Health prior to buriol, cremotion, or removal, and in any event, within 22 hours after death.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

2 2 5 0		U e					
MOSP moy be FUNEI poge 3 the Stot		230 BUR A., CREMATION REMOVAL (Specify) DUrial					
7 7	4.	24 FUNERAL DIRECTOR'S SIG					
VR A15 (4)	,	Scott F. M					

	61	59		CERT	IFICA	TE OF	DEAT	iH .			(1)	419	í)
1.	PLACE OF DEATH 6. COUNTY	Washingto	on	м	ARYLAND	2. USUAL o. STA	Έ	(Where decease	ed lived. If inst b. COU	NTY	sidence bef	ore admiss	ion)
	RURAL ond give n Hagersto		ils, write	c. LENGTH OF ST		c. CITY	or town	(If outside corp	orote limits, wri		and give n	earest town	i)
	OR INSTITUTION	TAL (If not in hospital, igton Cour			L	d STR	EET ADDRES	5					IDENCE FARM? NO 🛣
3.	NAME OF DECEASED (Type or print)	Guy	rst	Alliso	ddle) N	Sau	lost Inder:	4. DATE OF S, J POFATH		Month	May	.,	Year 19 61
5	mal e	6 COLOR OR RACE White	7 MARE	ED DIVO	RCED	8. DATE OF	28,	1913	9 AGE (In yellost birthde		NOER 1 YEA	Hours	Min
10	during most of wor OWNER	ON (Give kind of work king life, even if retired	done 10b	KIND OF BUSINES	S OR INDU		Ť		country) Md.	12	USA	F WHAT C	OUNTRY?
13.	FATHER'S NAME	Guy Saur	nders	s, Sr.			HER S MAID		ry Cat	heri	ne F	ishe	r
15 (Y		ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY		rs. G	enevi	leve Sa		Address S , C	avet	own,	Md.
		mmediate (refi	Ventucu Ed	lank ema	typer	rois	by & O.	Sulmone	ery	01	25 y	PEATH
FICATION	PART IL QT	HER SIGNIFICANT COL	,								PART I(o)	PERFO	AUTOPSY ORMED?
AL CERT	(IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJUR						1			
MEDICAL	Hour o.m.	RY Manth, Day, Ye	While at war	NJURY OCCURRED Not white	20e. Pl	ACE OF INJ	office bldg.	form, 20f. (Cit , etc.)	ty or town)	1	(County)	(State)
	21. I certify the sow the decea 220 SIGNATURE	at (I) (this haspita	1) oftend			death occ	/	19.2 to.	the causes	and ar			obave b.DATE
	22c PHYSICIAN'S NAME (Typé)) Owlid	2			M.D PHYS	DDRESS	MED DIRECTOR [11	129	161.	SIGNED
23	BUR A., CREMATIC REMOVAL (Specify DURIAL	ON 236 DATE THERE		23c NAME OF C			RY		ATION (City to Hager	WP, OF COU	enty)	(Stat	
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			25g.	REC'D BY REGIS	STRAR 25b	REGISTRAR	's SIGNAT	JRE	
4	SCOTT F.	Minnich	& Sa	n. Hara	netar	UI cera	-T DATE	MALL I					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

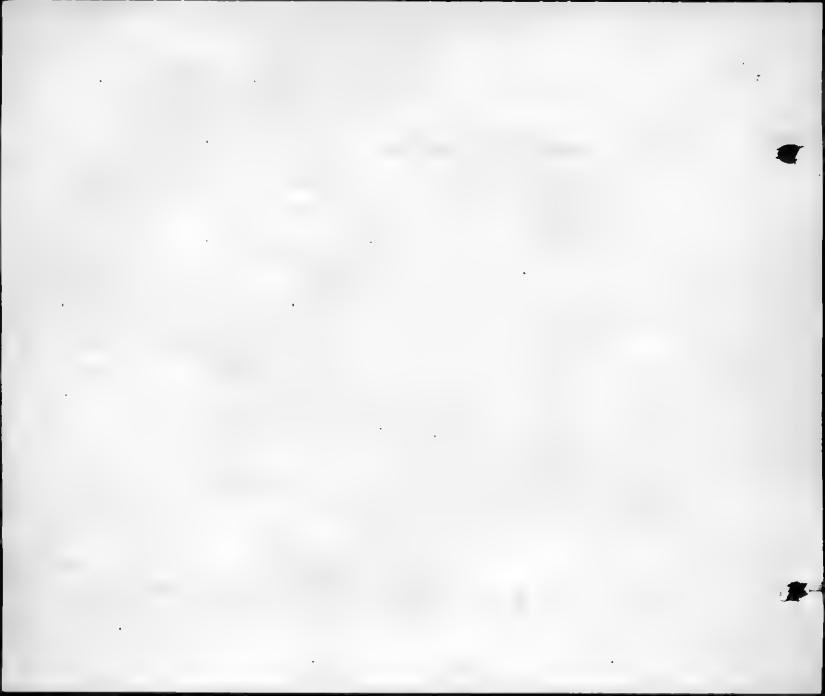
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1	en signed by the ottending physician and completely tilled in by the tuneral director.	ansit permit. Then please remove corban popers. Pages 1 and 2 shauld be filed with	
	rhe rur	should	
	d In Dy	I and 2	
-	aly fille	Pages 1	death
	complere	popers.	ours ofter
	Idn and	corban	hin 70 h
-	g phys c	remove	vent wit
5	offending	please	n onve
-	The c	Then	puo
	signed by	t permit	or removel, and in any event within 72 hours after death
CION	9	Sus	Or

THENDING PHYSICEN: The law requires that the death certificate be executed with 24 the ofter death. Page 4

	1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ins o. STATE b. COU	MTY
	Washington		Md.	Wash.
	 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, wr	ite RURAL and give nearest tawn)
	Hagerstown	life	Hagerstown	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS 316 Liberty St.	IS RESIDENCE ON A FARM?
	Western Maryland Sta	te Hospital	710 21201 0y 50.	YES NO E
	3. NAME OF DECEASED (Type or print) Goldie	Rose	SEMLER 4. DATE OF DEATH	5 3/ 196/
)	female white widow	ED DIVORCED	B. DATE OF BIRTH May 12, 1908 9. AGE (In your birth do should be	pars IF UNDER I YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)			12 CITIZEN OF WHAT COUNTRY?
	riveteer	aircraft mfg	. Hagerstown, Md.	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Harvey L. Sm	ith	Minnie	May Strock
			NFORMANT	Address
	[Yes, no, or unknown] (If yes, give war or dates of service)	19-20-1731	Howard L. Semler, Hag	erstown, Md.
	1B CAUSE OF DEATH [Enter only one cause per i	ine far (a), (b), and (c).]	- 0	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Chronic	Cor Dulmona	le unanous
	241 X DUE TO			. 2
	Canditians, if any, which } (b)	Pulmona	ry emphysema	unknow
	gave rise to immediate DUE TO	0		10 110 001
	lying cause last. (c)	pron chi	astlima	10 years
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDITION	GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	Part II. OTHER SIGNIFICANT CONDITIONS	mellitu	15	YES NO
J	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 or Part 11 of Item 18)
	3 20c. TIME OF INJURY Manth, Day, Year 20d.	INJURY OCCURRED 20e PL	ACE OF INJURY (Hame, farm, 20f. (City or town)	(Caunty) (State)
	Oc. TIME OF INJURY Month, Day, Year 20d. Haur o. m. 19 at wa	Not while tac	ctory, street, office bldg., etc.)	
			10.02 F // Man	21//
	21 certify that (I) (this hospital) attended	1 / /	7	3-1, 19-6-7, that (I) (we) lost
	saw the deceased alive on 1940 1	ond that d	death occurred ot M, from the thuses	ond on the date stated above.
	to signature	et.	M.D. ATTENDING MED STAFF	May SIGNED
	22c PHYSICIAN'S	Mun	M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS	31.1961
	NAME (TYPE) TO UNG-	= CHUN	1500 Penna.	Ave Hagertonn
	230. BURIAL, CREMATION, 236, DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY Z3d LOCAT ON (City, to	wn, or county) (State)
	burial 6-3-61	Rose Hill	Cemetery Hagerstow	m, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR S SIGNATURE
	Scott F. Minnich & S	on, Hagersto	wn, Md. DATE UN 5 '61	Cirthur S. Frank

TO HOSPI TO THE TITENDING PHYSICENE. THe law may be feed need by the hospital or attending physic TO FUNERAL DIRECTOR: After this certificate has been page 3 should be detoched far use as the burial-trothe State Boord of Health priar to burial, cremation, VR ATS (4) 1SM 9/59



HOSPIT DR ATTENDING EHYSICIAN: The law requires that the death certificate be executed within 24 h. after death. Page 4 ye few ned by the hospital or attending physician.

***UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, age 3 shamed as detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with a state Board of Eleath prior to burial, exemption, or removal, and in my event, within 72 mans ofter death.

0	10 E	8 4
VR	A15	(4)
15	M 9/:	9

		W- 1441 11									
)		PLACE OF DEATH D. COUNTY	Washington	MARYLAND	II g. STATE	NCE (Where deceased livery land	b. COUNTY /	ce before admission)			
		RURAL and give ne	gerstown	c. LENGTH OF STAY IN 15	l u	WN (If outside corporate	limits, write RURAL and a				
1	1	d. NAME OF HOSPIT OR INSTITUTION Wester	Al (If not in hospital, give street 1 Maryland State	e Hospital	d. STREET ADI	DRESS # 2		e. IS RESIDENCE ON A FARM? YES NO 🔏			
	1	NAME OF DECEASED (Type or print)	BESSIE	Middle May	SEVILL	4. DATE OF DEATH	Month	Day Year 1961			
	5 5	sex Jemale	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH		AGE (n years IF UNDER ust birthday) Months	Days Hours Min.			
	10a	10g. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) Housewife. Own Home. Granklin Co.Pa. USA									
	13.	FATHER'S NAME			14. MOTHER'S M	AAIDEN NAME					
Π			George W. Robin	10n		Ellen Pi	ne				
		WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16 (If yes, give wer or dates of service)		nformant Uian Kras	us R#2 k	Address agerstown, M	d			
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH									
		PART ₹. DEA	9 MONTH								
		DUE TO									
		Conditions, if ony, which) (b) CARCINOMA OF COLON RECURRENT 29 MON									
		gove rise to immediate Couse (o), stoting the under-									
		lying couse last.	(c)								
n.	CATION	PART II OTH	HER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HETERMINAL DISEASE CO	ONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO			
4	CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of	injury in Part I or Part II	of item 18.)				
	MEDICAL	20c TIME OF INJUR Hour o.m. p. m.			ACE OF INJURY (Houckory, street, office b	ome, form, 20f. (City or bldg., etc.)	town) (County) (State)			
		21 I certify the	it (I) (this hospital) attend	ded the deceased fram.	1-30-	1961, to 5	-10 , 196	. that (I) (Jast			
		saw the deceas	sed alive an 5-10	19_6/, and that	death accurred	al M, from the					
		futorio	1 800	· hour	M D. PHYS.		STAFF PHYS.	22b.DATE SIGNED			
		22c PHYS CIAN'S Antonio U.Pallagrosi M.D. 22d ADDRESS HAME (Type) Antonio U.PALLACKOSI 1500 PENNA BYE HACERSTOWN M.D.									
	230	BURIAL CREMAT C REMOVAL (Spec by)	May 13,1961	23c. NAME OF CEMETERY C		23d. LOCATION	(City, town, or county)	(State) Penna.			
	24		'S SIGNATURE	ADDRESS		25a. REC'D BY REGISTRAL	2Sb. REGISTRAR'S SI	GNATURE			
		Rest Have	en Juneral Chape	el Hagerstown	Md.	DATE MAY 1.1 '61	Onthur &	. Three .			
				Hors K							



ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

6162	ESTATISTICAL RESEARCH A	TE OF DEATH	MORE 1, MARYLAND	0614	11)					
1, PLACE OF DEATH COUNTY			ere deceased lived. If institution b. COUNTY	n: Residence before admis	ssion)					
WASHINGTON	MARYLAND	MARYLAND	WASHINGTO	HINGTON						
b CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give nearest low	rn)					
CLEAR SPRING, MD.	LIFE	CLEAR SP	RING, MD.	Χ						
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUT ON	t oddress)	d. STREET ADDRESS			SIDENCE A FARM					
RESIDENCE CLEAR SPR	ING MD.	MAIN ST.	,	YES	NO,					
3. NAME OF PIEST DECEASED	Middle	Last	4. DATE Monti	Day	Year					
(Type or print)	PEARL	SHANK	DEATH MAY	18	1961					
S. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last bir)hday)	IF UNDER TYEAR IF UND	DER 24 H					
FEMALE WHITE WIDOW	VED DIVORCED	APRIL 12.1	895 66 yrs.	Months Days Hours	Min					
10a. USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if ratired)	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT	COUNTR					
HOME DUTIES	HOUSEWORK	WASHINGT	ON CO. MD.	U.S.A	A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME							
TSSAC SHANK		BESSIE	RONEY							
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17	NFORMANT	Addre	955						
	18-34-3901	ROGER L. SH.	ANK BIG	SPRING, 1	D.					
1B. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c)-]			INTERVAL B						
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Myocardial infarction due to coronary artery occlusion									
JUI DUE TO				unknov						
Conditions, if any, which) (b)	Coronary artery atherosclerosis									
gove rise to immediate DUE TO	gove rise to immediate DUE TO									
lying couse lost. (c)	Hypertensive	Heart Disease		unkno	WII					
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NALDISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS	ORMED?					
PART II OTHER SIGNIFICANT CONDITIONS	None				NON [
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	D (Enter noture of injury in I	Port I or Part II of Jem 18)							
20c. TIME OF INJURY Month, Day, Year 20d Hour a m. 19 Whill at we	20f (City or town)	(County)	(Sto							
21 I certify that (1) (this haspital) after saw the deceased alive an May 18	nded the deceased fram.	April 30, 1958	May 18 D PM M, from the causes and	., 19, that (I)	(we) lo					
220 S GNATURE	and that	geoin accurred at	ivi, from the causes and		25. DATE					
Charles Boby	2/	M D PHYS XX DI	ED. STAFF RECTOR PHYS	May 20	SIGN					
72c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		iviay c	7 10					

Archie Robert Cohen, M.D.

ADDRESS

Clear Spring, Maryland

BURIAL, CREMATION, REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, fown, or county)

CLEAR SPRING, MD.

25d. REC'D BY REGISTRAR MAY 2 4 '61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06150

V & V V	CERTIFICA	IL OI DEATH		00100					
1. PLACE OF DEATH G. COUNTY			ere deceased lived. If institution	Residence before admission)					
Washington County	MARYLAND	o. STATE Maryland	P COUNTY	shington					
b C TY OR TOWN (If outside corporate limits, w	cite c LENGTH OF STAY IN 16		utside corporate limits, write RUR						
RURAL ond give neorest town) Hagerstown	3 days	Smithsbur	na Dout - 1/0						
d. NAME OF HOSPITAL (If not in hospitol, give : OR INSTITUTION		d. STREET ADDRESS	g , Route #2	e 15 RESIDENCE ON A FARM?					
Washington County Ho	spital			YES NO					
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year					
(Type or print) (eorge	Ranton	Shorely	DEATH May	18 19 6]					
S. SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1	FUNDER TYEAR IF UNDER 24 HR					
Male White W	DOWED DIVORCED	11/28/83	last birthday) [77 yrs	Months Days Hours Min.					
10a USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY					
during most of working life, even if retired) Retired	AUTO SALES	Waynesbo	ro. Pa.	U. S. A.					
13. FATHER 5 NAME	NOTO SALES	14. MOTHER'S MAIDEN N							
GEORGE SHIVELY			IE SHAEFFER						
		NFORMANT	Addres						
15. WAS DECEASED EVER IN U. S. ARMED FORCES! [Yes, no, or unknown) [] [If yes, give war or doles of service	1	· ·							
	1731	RS G. DARTRAM	SHIVELY, SMITHS	SBURG, RT. 2 MD.					
18. CAUSE OF DEATH [Enter only one couse	per line for (a), (b), and (c)]			INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Rupture of aorti	ic aneurvsm		5/14/61					
45/X DUE TO									
Conditions, if ony, which) (b)	Conditions, if ony, which) (b) Arteriosclerosis, generalized.								
gove rise to immediate ((1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
lying couse lost (c)	Living on the United States								
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPS					
PART II OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTR				PERFORMED?					
200 ACCIDENT WAS UNDERLYING 1 206	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part Lar Part II of item 18.1	MB 110 L					
OR CONTRIBUTING CAUSE OF DEATH	OLICHDE HOTT HOOK, OCCORNE	b. (since words or injury	57 1 57 1 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	CAL BUILDY OCCUPATO 20- BI	ACE OF INITION IN from	lane (City to)	100 100 - 100					
Hour o.m.	20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form ctory, street, office bldg., etc.) {	(County) (Stot					
¥ p m. 19	ot wark ot work								
21 I certify that (I) (this hospital) a	ttended the deceosed from	May 14 19	61 to May 18	_, 19_61, that (I) (we) las					
saw the deceased olive on May			M. from the couses and	on the date stated above					
220. SIGNATURE	11 5, 1			22b DATE					
F. H. HE	huo M. D.	M.D. PHYS DI	ED STAFF RECTOR PHYS.	SIGNE					
22c PHYSICIAN'S		22d ADDRESS							
J. H. Kehne,	M.D.	131 W.	Washington St.	, Hagerstown, Mc					
23a. BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d LOCATION (City, fown or						
RIMOVAL (Specify)	Land Constitution	an Laguard	10/2-1/ 011-10	(51018)					
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	VIFF KIUIN	D BY REGISTRAR -25b. REGISTI	RAR'S SIGNATURE					
Alto 4 Ol	ADDRESS /	25a REC'I	1-4						
THE IN III SIMPLE	HILLE MINIST	DATEMAY	22 161 aut.	47 S. Kraus					

TO MOS.

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h after death. Page 4 may be Newmed by the haspital ar attending physician.

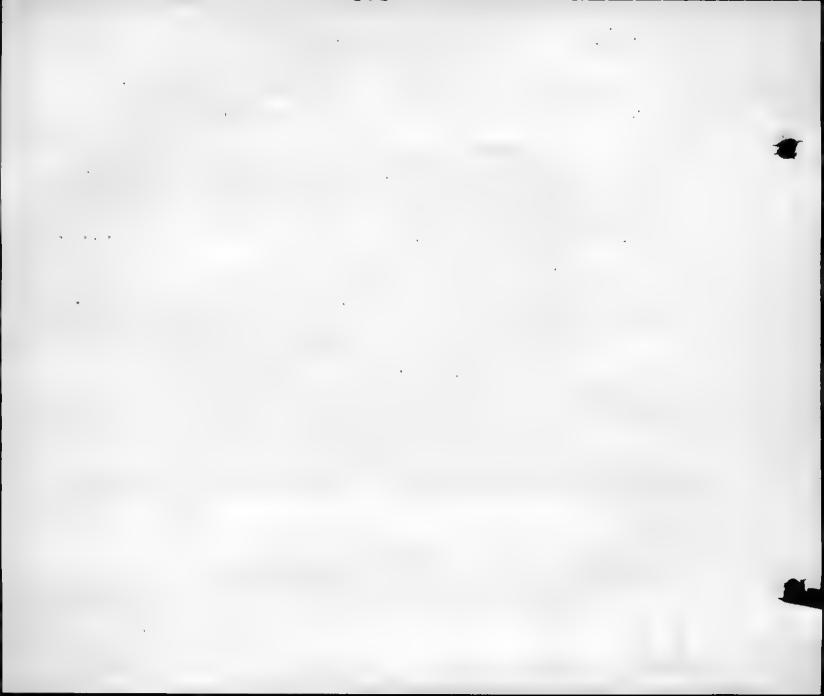
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/59

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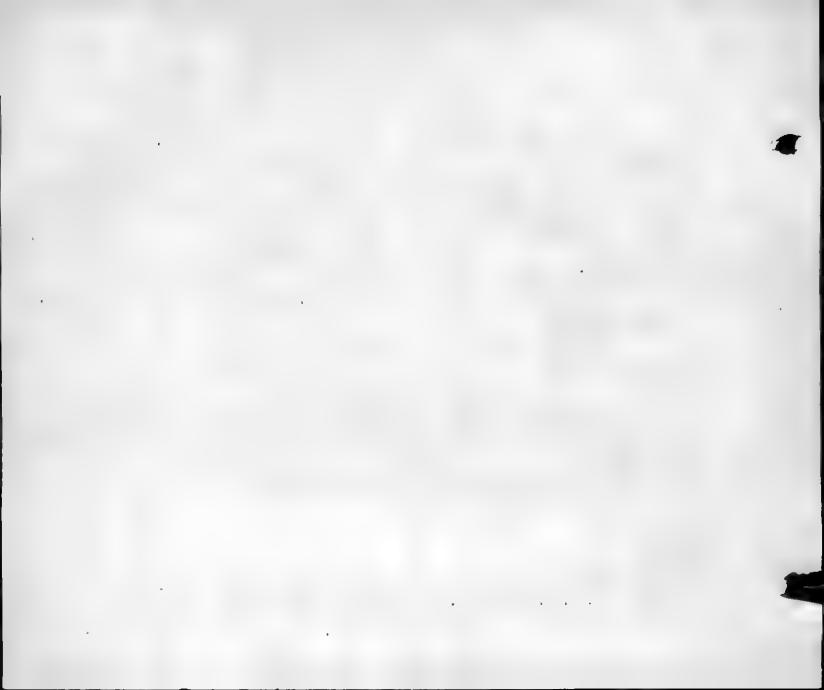


VS. A15ME(5) 5M 9/55 6164

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 6 15

<u>ار</u>	N. PLACE OF DEATH V. A SHINGTON	MARYLANO	2. USUAL RESIDENCE (Where deceased fived. If Institution: Residence before admission) o. STATE MARYE, AND b. COUNTY I A STIT NGTO, NV					
	b. CITY OR TOWN It outside corporate limits, write RURAL HAGE WE reserved form WIN	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	give nearest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos in hos in ASHINGTON COUNTY HOS	pitol, give street address) SPITAL	street address) d. STREET ADDRESS					
	3. NAME OF DECLASED (Type or print) LENA I	LOLA STOUP	FFER Lost 4. OAT	MAY	Day E Year 61			
	FLMALE WHITE WIDOWE	42.	11/2/1888	9. AGE (In years lost burthelay) 7 yrs. Months C	TYEAR IF UNDER 24 HRS, Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done) 10b. No during most of working life, even if relired) ROUSEV. IFE	HOME	MAPYLAND	n country) 12. CITI2	U. J. A.			
	13. FATHER'S NAME MATTHEW W. LINDSAY							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. b) (Phonoun) (If yes, give wor or dates of service)	NETA IN	PORMANT RS W. F. KREGI	Address HAGFRSTO	O''N MD.			
	(c) stating the underlying couse lost.	ive Substachmoi tred Cerebral A ac Lyper reply	neurysn		INTERVAL BETWEEN ONSET AND DEATH 1 (3)			
)	CAUSE OF DEATH.	HOW INJURY OCCURRED. (En	oler nature of injury in Part 1 or Par		1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
	Reur a.m. White p. m. 19 of we	rk ol work	ry, street, office bldg., etc.)	City or town) (Cour				
	21. I certify that I took charge of the redeath resulted fram: Natural causes							
	ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Typo)	M7	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINE	INER - 5-27-61	- NV			
	220. BURIAL CREMATION, REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OR CENTERY	CEM H.		(Stote) AD. NATURE			
	Comment of the second	The second second	MATERN 21		Court			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CERTIFICATE OF DEATH 96152											
1	PLACE OF DEATH o. COUNTY	nev.		MAI	RYLAND	o STATE		ere deceased five	ed. If institution	n Residence be	W M W do	ission)
-	WASHING!		its, write	c. LENGTH OF STA	Y IN Ib	MARYI		utside corporote	limits write RL		and Market and a	714
L	RURAL and give ner	orest town)		7 YEA		RURA		CLEAR				,
-	d. NAME OF HOSPITA			2, 4000	no	d STREET A		CLEAR	Q F I E IL IV	ICT a TILLI	e. IS RE	ESIDENCE
	OR INSTITUTION		•	,	Ì	all .	NE				ON	A FARM?
3.	RESIDE NAME OF			Midd	1			4. DATE			-	
J.	DECEASED (Type or print)		rst T			Las	Ť	OF DEATH	Mont	h	Day	Yeor
5	SEX	LTLLIAN 16. COLOR OR RACE	BELL	E STRU	V 4 4 4 4 4 4 4	DATE OF BIRTH	4	1	AGE (In years	IF UNDER 1 YE	AR IF UNE	19 () DER 24 HRS
1		THE THE		44-		Con .	, a 44		ost birthdoy)	Months Doy	_	
10	BEMALE.	WHITE	WIDOWED	<u> </u>		PEC . 4		or foreign count	71 yrs	12 CITIZEN	OF WHAT	COUNTRY
1	during most of worki	ing life, even if retired	d)			,			73			
13	HOMEDUT	LES		HOUSE W	ORK	14. MOTHER'S	BURG			I U.	S.A	•
,,,						14. MOTHER 3			**************************************			
15	STLAS , WAS DECEASED EVER	IN S APMED FOR	PCES2 14 6	OCIAL SECURITY N	O IIZ IN	FORMANT	LUXI	RSY BA	RNES Addr	P\$\$		5-11)
Į,	ns no or unknown)	If yes, give war or doles of	reta-ce)		0. 1, 114	TAND C	mpiia	<u>መ</u> ደግብ ለ ጓፕ			T 2	יוד כם
	Tio Cause of Deal	INULVIL	, line	NONE		VARIO 3	OTRUG	WILLIAM TA	RO. 2		TERVAL B	ETWEEN!
	1	TH [Enter only one of TH WAS CAUSED BY.	ouse per live	Tor (o), (b) ond (- (' AP	111 A	sollo.	1111		NSET AN	DEATH
	, ,	IMMEDIATE CAUSE (ere-c	ac	- / //	rve	unve	The same	4	170	car,
	Conditions if any, which) (In the right televoses Hypertenson 34									11-		
	gove rise to in	nmediate	b) (1	run	Lay	July .	CU	2-14/	19 muensus of c			
couse (o), stoling the under.								11				
lying couse lost. (c)							INIAI DICEACE CO	CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY				
TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOU									ORMED?		
150	20a. ACCIDENT WA	S LINDERLYING [7]	20b. DESCI	RIBE HOW INJURY	OCCURRED	iEnter noture o	f injury in I	Port I or Port II s	of item 1B 1		YES] NO [
CERTI	OR CONTRIBUTING	CAUSE OF DEATH			0000	(211124 1101010 0			,			
Z Z			nar 20d IN	IURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	20f (City or	lowni	(Count	lv1	[Stote
MEDIC	Hour o.m.	19	While	Not while		ory, street, office			,	,	,,	(
2			of work			11/1000	/2	/ h	1 5	7 7 1		
		t (I) (this haspita	1' /	1 ,		ch	4110	13	1	2, 19.62.		, ,
	saw the decease	ed alive on L.L.	uy x	D ₁ 196 / an	d that d	eath accurred		M, from the	e causes an	d an the da		ed abave 126 DATE
	20 3000	1-11	2 de			ATTENDIN		ED	STAFF	57	291	SIGNE
	22c PHYS CIANS	V.CON	2.11	<u>uuu</u>	^	D PHYS		RECTOR	PHYS .	7	100	2/
П	NAME (Type))dVId	R	MYEL	VPV	- 19	Lon	1 . Xx	BAIN	0 1	1110	41
23	o. BUR AL, CREMATION	N 23b DATE THERE	O.E.	23c. NAME OF CE	HETERY OF	CREMATORY		23d LOCATION	d (City John o	- 	764	ote)
23	REMOVAL (Specify)	MAY OO	.1961	CEDAR	T ATATET	I TEMOR I	AT T	ARDENS		an amore	of the St.	MD _
2.	FUNERAL/DIRECTORS	S SUGNATURE.	17401	ADDRESS	LANVIN	A LUNGAL A		D BY REGISTRAS	25h REGIS	TRAR'S SIGNA		1,173.4
1	when ?	1 Cark	GT TI		~ 7.5		N. I	AY 3 1 6	1 230 112	rimin & 1	عبدنمي	

DATE

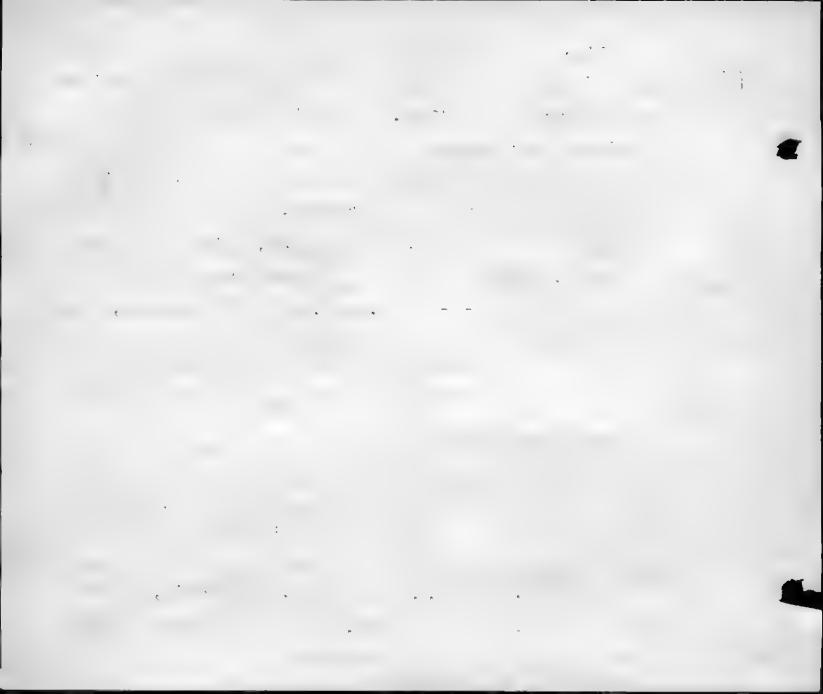
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VR A1S [4] 15M 9/S9



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF D	
I. PLACE OF DEATH	
1. PLACE OF DEATH	3
- 1 COUNTR	a dmiss on)
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow	
Write RURAL and give nearest town R#2 13 yrs. X Rural Hagerstown R#2	,
, d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) d. STREET ADDRESS	RES DENCE
Washington County Hospital R#2	MO X
3. NAME OF First Middle Last 4. DATE Month Day Yes DECEASED OF	
	7 6 I FR 24 HR5.
Male White WIDOWED DIVORCED November 3, 1885 75 yrs. Months Days Hours	Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
Merchant Grocery Hightown Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
John L. Swadley Hannah Hevener	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yas, no, or unknown] [(lityasgivawarordalasofsarvice)]	-
No 229-46-6528 Mr. John O. Swadley R#2 Hagerstown, Maryla	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. SATH WAS CAUSED BY:	DEATH
IMMEDIATE CAUSE (a) U remia acute	hours
Conditions, if any, which (b) Thrombosus in Aneurysm of left Renal Artery un	nknown
gava rise to implediata cause	New-de namedon
(e), stalling the undarlying of the undarlying o	unkno
PART H. O ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	ORMED?
PART H. O ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS PERFE YES 208. ACCIDENT WAS UNDERLYING 208. DESCRIBE HOW NIJRY OCCURED. (Enter nature of 'niury in Part I or Part I of I form 18.)	но □_
208. ACCIDENT WAS UNDERLYING J. 208. DESCRIBE HOW NIJRY OCCURED. (Enter nature of highly in Part) of Part 1 of Hem. 10.) TO OR CONTRIBUTING J. CAUSE OF DEATH OR CONTRIBUTING J. CAUSE OF DEA	
20c. TIME OF INJURY Month, Day, Year 20d. NJJRY OCCURRED 20e. PLACE OF INJURY (Home, ferm 20f. (City or town) While Not While factory, street, office bldg., etc.)	(State)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from April 29 19 61 to May 30, 19 61 that (I)	(we) last
saw the deceased alive on May 30 19 61, and that death occurred at 200P Mom the causes and on the date state	ed above.
ATTENDING MED. STAFF	SIGNED
22c PHYSICIAN 5 22d. ADDRESS	1, 1961
NAME (Type) Archie R. Cohen M.D. Main St. Clearspring, Maryland	-
OROZ ONIL	(State)
REMOSTAL (1800) Surrial June 4, 1961 Burnsville Meth. Church Burnsville Uirginia 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Rest Haven General Chapel Hagerstown, Maryland 2 '61 Girling S. King	



VR A15 (4) 1SM 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L	61	163	7.	CERTIFIC		OF DEA	TH				116	15a
1	PLACE OF DEATH a. COUNTY	ashington	1	MARYLA	2	USUAL RESIDENC	E (Whe	re deceased liv	ed. If instituti b. COUNTY		_	admiss an)
	b. CITY OR TOWN (If RURAL and give ne	autside carporate limit	ts, write	c LENGTH OF STAY IN	Ъ	c. CITY OR TOWN	N (If αυ	tside carporate	limits, write f	tURAL and g	ive neore	st tawn)
	Hagerst			66 years		Hagers	sto	Wn		reduced to the same of the sam		
	OR INSTITUTION	A. {If not in hospital, g	ive street o	ddress)		d. STREET ADDRE				Aug.	e.	IS RESIDENCE ON A FARM?
		gton Cour	nty E	Hospital		402 St	ımm	it Ave		-	•	YES NO I
3.	NAME OF DECEASED	Exe	st	Middle		Last		4. DATE OF	Mar	oth	Day	Year
	(Type or print)	Ida	3.	Hermie	1	Sweene	7	DEATH		May	14,	19 61
S	female	6 COLOR OR RACE white	7 MARRII WIDOWEI	DIVORCED		eb. 27,	18		GE (In years ast birthday) 66 yrs.			UNDER 24 HRS. Hours Min.
100	during mast of work	ON (Give kind of work of ing life, even if retired)	dane 10b. K	CIND OF BUSINESS OR	INDUSTRY			r fareign caunt on Co.			ZEN OF W	VHAT COUNTRY?
13.	FATHER'S NAME				1	14. MOTHER'S MAII	DEN N	AME				
	W	. Frank l	Masor	1				Eff	ie Se	igman	1	
15.	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO	17 INFO	RMANT			Add	lress .		
1	no	. yes, give not or earer or in	al vice;	none	Car	L. Swe	en	ey, Ha	gerst	own,	Md.	
		mmediate but TO	, <u>//</u>	e far (a), (b), and (c).]	bic	, Leu	Ks	2m 1 3				YAL BETWEEN I AND DEATH
CERTIFICATION												
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	KIBE HOW INJURY OCC	UKKED. (Enter nature at inju	iry in P	art I ar Part II (or item ip.j			
MEDICAL	20c TIME OF INJUR Haur a.m. p. m	Y Month, Day Yes	While at wark	Nat while		OF INJURY (Hame y, street, affice bldg			fawn)	(0	(aunty)	(State)
		t (I) (this hospital ed alive on M =		ed the deceosed fr			19	M, from the	couses of	19 <u>6</u> nd on the		t (I) (wa) l ost stoted above
	22c PHYS CIAN S	10.4	11/4	ne -	ME	ATTENDING PHYS 22d. ADDRESS 2 / 4	ME DIR	Pot-	STAFF []	lago	orid	5/15/15/
230	BURIAL, CREMAT O REMOVAL (Specify) burial			23c NAME OF CEMETI	_	REMATORY netery		23d LOCATION		+/'	<u> </u>	(State)
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			REC.D	BY REGISTRAF		ISTRAR'S SIC	GNATURE	
	Scott F.	Minnich	& So	n, Hagers	tow	n, Md. DAT	TEMAY	1 8 '61	0,	thuy L.	Thouse	



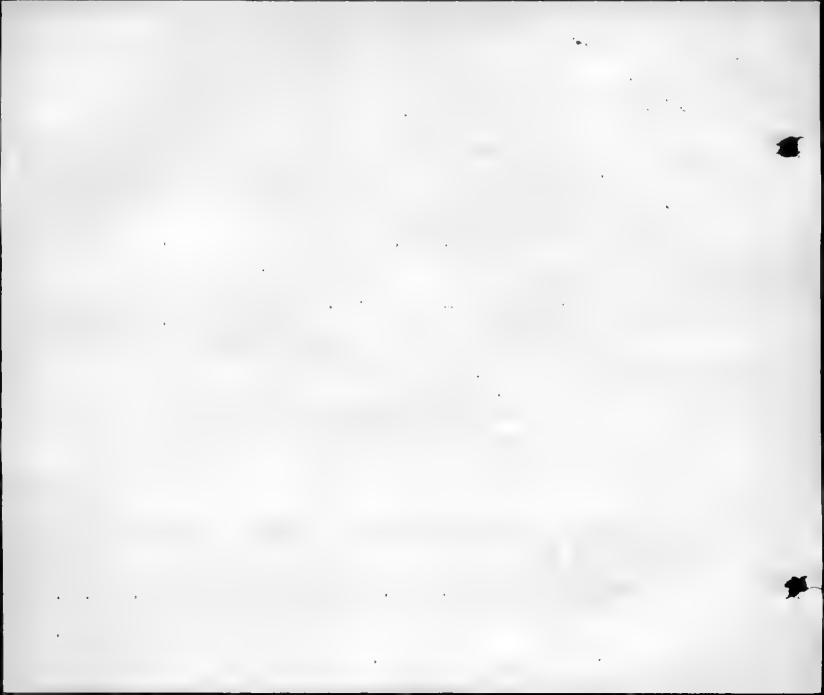
VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

06155

1.	PLACE OF DEATH . COUNTY _shington	MARYLANI		STATE		lived. If institution is country as in ing t		before adm	ssion)
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN TH	9.7	COTY OR TOWN (If o	utside corpor	ate limits, write R	URAL and gr	e nearest to	wn)
	Hage is town	6 Days		Hagersto	awa		C)		
Г	d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUT ON	t address)		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
	Washington County	Hospital		514 Mush:	ing to	n Squar	е		NOW.
3.	NAME OF First DECEASED	Middle		Last	4. DATE OF	Mon		Doy	Year
	(Type or print) GLENN FORI				DEATH	May 1			19
5.	SEX 6. COLOR OR RACE 7. MAR			ATE OF BIRTH		9. AGE (In years last_birthday)	Months D	YEAR IF UN	
L	Male White widow			xy 8 1908		53 yrs.			
10	 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) 		DUSTRY	· _	_		12. CITIZI	N OF WHA	COUNTRY
L		t Hali Inc.		Belwood B		Co Pa.		USA	
13.	FATHER'S NAME		14	. MOTHER'S MAIDEN N					
	Robert Maurice Tay			Ada Ze:	igler				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 11. no. or unknown) (If yet, give war ar dates of service)		INFOR			Add		~	
	No 31	4-09-5331	LULL	1 L. Taylo			ng ton	Squ	ire
	1B. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c)-]		Hage	ersto	m La.		INTERVAL ONSET AN	BETWEEN ID DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tout a mo	die	courage.	20/2	11:1		48	
L	160 X DUE TO	, , ,	_	, , ,	·~7				
	Conditions, if ony, which gove rise to immediate (b)	wheter we	RIK	1 tun a	ust	Serve	<u>し </u>	10-	3-1-X
	cause (a), stating the under: DUE TO	9	0.0	40.1	4			1.00	12.
_	lying couse last (c)			* Foot			7	70	
CATION	PART IN OTHER SIGNIFICANT CONDITIONS	2 1	-		NAL DISEASE	CONDITION GIV	EN IN PART	PER	FORMED?
E1	MA Thio Acked	ce becar		weare		4 6 7 161		YES	
CERTII	20g. ACCIDENT WAS UNDERLYING 20b DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUP	RRED (Er	iter nature at injuty in t	fart I or Fort	II or Hem (B.)			
NCA.	20c. TIME OF INJURY Month, Day, Year 20d. Hour o.m. While			OF INJURY (Home, form street, affice bldg., etc.		or łown)	(Co	unty)	(Stote
MEDI		e Not while ark of work	,,	1	1				
L	21 I certify that (I) (this haspital) after	ided the deceased fram	m. 5/	<u> </u>	60, ta_	5/11	196.7	, that (I)	(we) las
	/	2196/ , and tha		,	7	/		, ,	1 1
	220. SIGNATURE	37		7					22b. DATE
	Schwick is to 1)	15. 7.	M.D.		RECTOR .	STAFF PHYS		5/	12/61
	PHYSICIAN'S NAME (TYPE TYPE TYPE W T) 1++	222 35 7		22d. ADDRESS	7.7		~ 1		
	Edward W. Ditt	o 111, M. D	•	217 West	Wash	ington	St. E	lag. M	d
23	BUR AL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY			23d LOCAT	ION (City, town,	or county)	(S	tate)
L	Burial 5/13/31	Rose Hill	Ceil	etery	Hager	stown	"ash		d
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		25a REC'I	D BY REGIST	RAR 2Sb. REGI	STRAR'S SIGI		
	Andrew K. Coffman H	agerstown L	a.	DATE MA	AY 15 '6	1 0	Thun &	HARLA	



MARYLAND STATE DEPARTMENT OF HEALTH DEATH

D	IVISION	OF	STATE	STICAL	. RE	SEAR	CH A	ND	RECO	ORL
		_		CE	RI	[]Fl	CA.	TĘ	0	F J

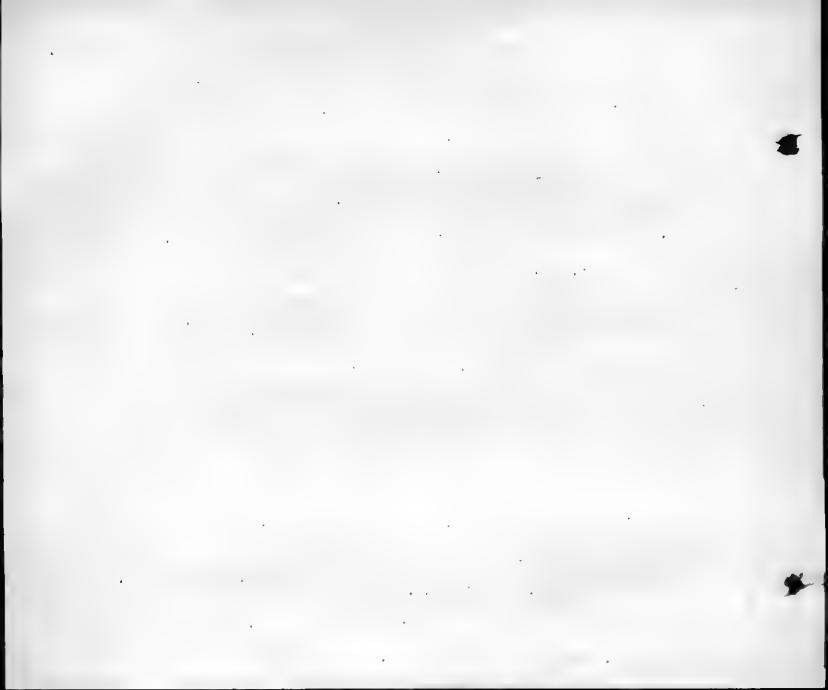
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		The second secon	A" h/1 = 167		
Jī	, PLACE OF DEATH				tion: Residence before admission)
	"a shing ton	MARYLAND	Maryland	b. COUNT	
	b CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 15			RURAL and give nearest town)
	RURAL ond give nearest town) Hagers town	1 Yr	Horand	town	6
-	d NAME OF HOSPITAL (If not in haspital, give street		Hagers d. STREET ADDRESS	3 10 711	e. IS RESIDENCE
	Lartin Wanor Nursi	ing Home	33 West	Pachington	St. ON A FARM?
3		Widdle	Last	14. DATE MG	0.0
ľ	DECEASED (Type or print) BERTHA	4		OF	onth Day Year
S		NAOMI	B. DATE OF BIRTH	9 AGE (In years	7 1 1/1/1
ľ		RRIED NEVER MARRIED 📆	_	last birthday)	Months Days Hours Min.
1	remale white wow		July 18 188		12 CITIZEN OF WHAT COUNTRY?
ı, '	Oa USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)				
	Housework	Own Hoke		Fred Co Ld.	USA
1,	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
儿	William E. Tons	·	Hannah B		
	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17. II	NFORMANT	Ad	dress
L	No	None De	lmar Tons	3 West Wash	nington St
Г	18 CAUSE OF DEATH [Enter only one couse per l	ine for (g). (b), and (c).]	// Enger	stown ad.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	exquescarte	Heart brace	me & Reply	gelosia / C
	2 Control Due to	1		0) 1	Ridary 1
	Conditions, if any, which)	Hubers lu	ellipes	•	1411-
	gave rise to immediate	:/ .		/	-
	couse (o), stoting the under-	the Atacour	saringo a	. break	- 14N -
12	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	EVEN IN PART TO 19, WAS AUTOPSY
1	PART II OTHER SIGNIFICANT CONDITIONS	•			PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18 }	
E 1	20a ACCIDENT WAS UNDERLYING 20b, DE: OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
13	20c TIME OF INJURY Month, Day, Year 20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	, 20f (City or Iown)	(County) (State)
6	Hour a m. While	Nat while fo	ctory, street, office bldg., etc	·) (A)	, , , , , , , , , , , , , , , , , , , ,
3			11. 2012	60 files C	8 61
	21 I certify that (I) (this haspital) atten	ded the deceased fram.	10	D. to Many 7	19.9. that (t) (we) last
	saw the deceased alive on 1000	7. 19/ and that i	death accurred at	M, fram the causes a	nd an the date stated above.
	220 SIGNATURE		ATTENDING M	ED _ STAFF _	226 DATE SIGNED
	22 PHYSICIAN'S	2	M D PHYS.	RECTOR PHYS.	3/10/8
	NAME (Type) //	1 17 7		59 W. Washingt	
	Philip J. Hir	snman, M.J.	Ha	gerstown, Mar	cyland
2	R30 BUR AL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town,	, or county) (State)
	Burial Lay II 196			Hagerstown	
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC	JAV 1 1 104	DISTRAR'S SIGNATURE
L	Andrew A. Cofin n Ha	serstown ad.	DATE		Chilling S. Frank

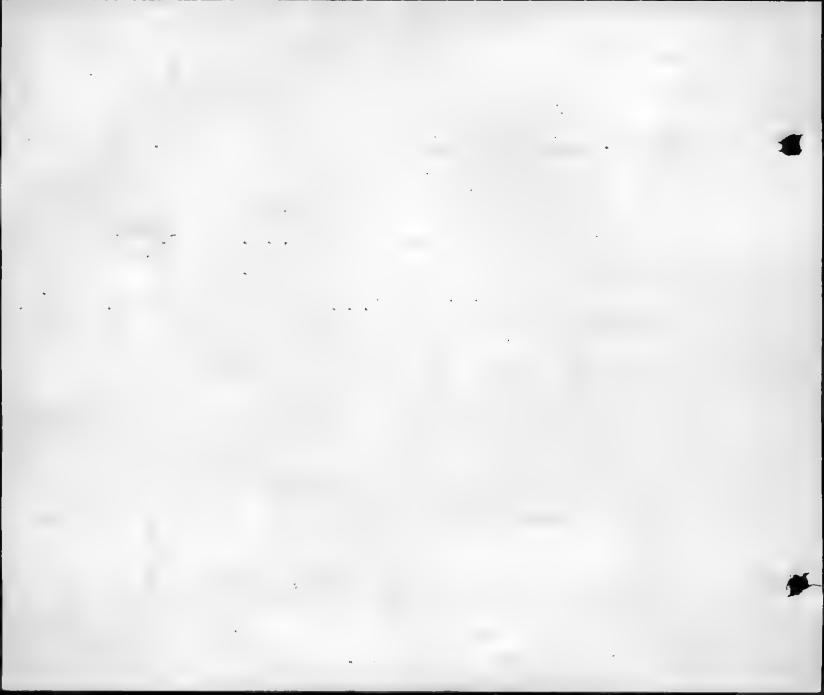
the attending physicion and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with ofter death. Page 4 may be fersined by the haspital ar attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Bealth prior to burial, cremation, or memoval, and in any event, within 72 haurs ofter death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPI VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH



DIRECTOR

death. Page 4 director, page 3 be filed with the

VR A15 (4)

15M 9/60



6172

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11	6	1	5	1

DI PLACE OF DEATH	SHINGTON		M	ARYLAND	o. STATE	D.	nere deceased live	d. If instituti b. COUNTY	WASH.	befare ad	mission)
RURAL and 3 YE	(If autside corposate limi	lesston	C. LENGTH OF ST	AY IN 16	RURAL		outside corporate CLEAR SP	_	URAL and give	e negrest (lown)
d. NAME OF HOSP OR INSTITUTION VASIL COLN	TAL (If not in hospital)	jive street (address)		d. STREET AI		SPRING		1	a. tS Of YES	RESIDENCE N A FARM? NO [
3 NAME OF DECEASED (Type or print)	DAVID		MIET.	TRI	IMPOVER		4. DATE OF DEATH	Man 5		Day	Yeor 196T
S. SEX	6. COLOR OR RACE		Salar Y	_	B. DATE OF BIRTH APRIL 5		, lo	GE (In years st birthdoy)	IF UNDER 1 Y		NDER 24 HRS
JOO USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.				, 18 ACE (Stote		-	12 CIT ZEI	N OF WH	AT COUNTRY?
RETTRED I	PARMER		FARIATIN	IG	WASH 14 MOTHER'S		NAME		_ U.	S.A.	-
SIMOI			SOCIAL SECURITY	NO 117 III	RH	UIE	REPP	Add	ress		
(Yes, no, or unknown)	NONE				MRS GR	ACE	TRUMPOV		CLSPG.	RD.	N
Conditions, if gove rise to cause (o), stating lying couse lost	the under-) <u>Co</u>	rebal ONTRIBUTING TO	DEATH BUT	lew so	leron THE TERMI	inal Disease co	A LING	orchon	2/2 ye	AS ALTOPSY
OR CONTRIBUTION											
20c TIME OF INJU	10	While	Nat while at wark		ACE OF INJURY (I clory, street, office			own)	(Cor	unity)	(State)
	at (1) (this haspita gsed alive an W	l) attend lery 6		nd that a	death accurred ATTENDING PHYS. 22d ADDRE	at 6/	M, fram the	causes an			l) (we) last ted abave. ^{22b. DATE} SIGNED
230 BURIAL CREMATI	ON, 236 DATE THERES	OF.	23c NAME OF C		R CREMATORY		23d LOCATION	(City, town, SPRL:		(Store)
JOHN F. C		SPR	ADDRESS (ING, MI).			2So REC'	D BY REGISTRAR	2Sb. REGI	STRAR'S SIGN		

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TO FILE.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death VR A1S (4) 1SM II/S9



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. / PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admissing o. COUNTY b. COUNTY MARYLAND Washington Penna. Franklin b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town RURAL and give negrest town) Hagerstown days Wavnesboro d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESPOENCE OR INSTITUTION ON A FARM? Washington Co. Hospital 46 N. Franklin St. YES THE NO TO MAY NAME OF 4. DATE Yeof DECEASED **ERNEST** (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Rours WIDOWED | DIVORCED [7] Male White yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Parts assembly Fairchild Aircraft Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Trumpower Cecelia Reed WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 220 09 9083 1 Mrs. Ernest W. Trumpower Waynesboro. Penna. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ANEURY SM ONSET AND DEATH 60 HOURS Conditions, if any, which HI AR HYPERTROPHY WITH FAILURE ONE DAY gove rise to immediate DUE TO codse (a), stating the under-PULMONARY EMPHYSEMA SEVERE UNKNOWN lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? NONE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f, (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, office bldg., etc.) Not while. of work of work p. m. 61, that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred 8:20 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE shoule COHEN. ROBERT CLEAR SPRING. MD. PHYSICIAN'S NAME (Type) M.D. ന 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Buria Cedar Lawn Hagerstown Mamiland 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE Ciribun & Throws Waynesboro. Penna.

C. T. [11]: 10 .0 .11 1, 3 1 11

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

6174

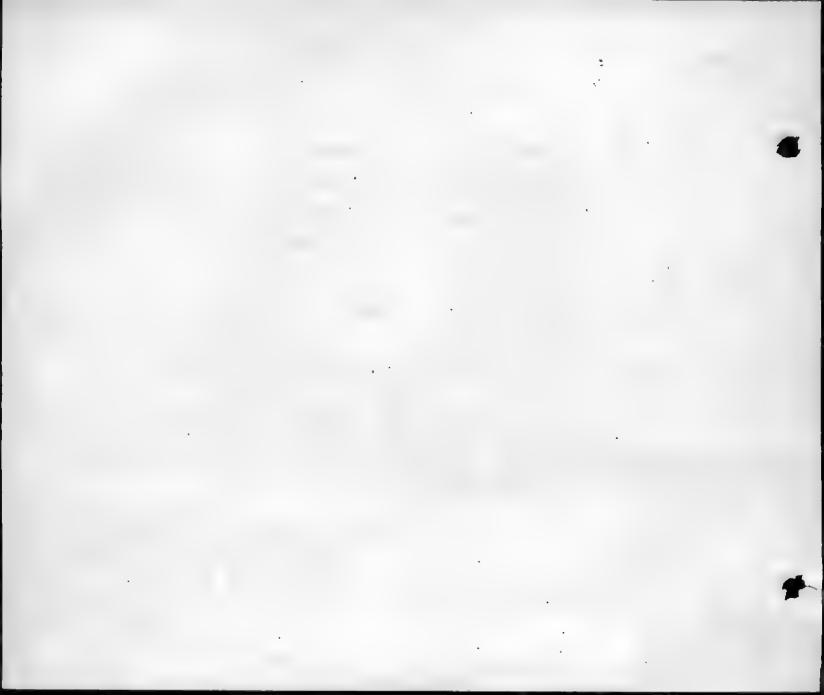
0616:

K.

	1, PLACE OF DEATH o COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b COUNTY
/	WASHINGTON MARYLAND	MARY LIAND WASHINGTON
	b CITY OR TOWN (If outside carporate limits, write C LENGTH OF STAY IN 1b RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	KEEDYSVILLE RURAL 24FARS	MEEDYSYILLE - RURAL
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e (S RESIDENCE ON A FARM?
2	KEEDYSVILLE MD. R.	KEEDYSYILLE MD. KI YES INO DE
	3 NAME OF First Middle	Lost 4. DATE Month Day Year
Ī	(Type or print) OOHN BENJAMIN	WACNER DEATH MAY 71 1961
	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Manths Days Hours Min.
	MALE WHITE WIDOWED DIVORCED	FEBRUARY 6. 1909 52 m. 3 6
	10a. USJAL OCCUPATION (Give kind of work dane) 10b. KIND OF 8USINESS OR INDU: during most of working life, even if retired)	STRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	NIECHANIC, CARACE	BOOKSBORO WASH. CO. MD. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	BENJAMIN WAGNER	EMMA DAVIS
-	15. WAS DECEASED ÉVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. [76. no. or unknown] (If yes, give wor or dates of service)	NFORMANT Address
	NO 214-03-6267 M	RS KACHAEL WAGNER REEDYSVILLEMD.R.
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL SETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o. Colorna Min
	420.1 DUE TO	0
	Conditions, if any, which gove rise to immediate (b)	Occusion My
i	cause (a), stoling the under-	Man Man
	lying couse lost. (c)	1 scam you
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 2040SE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	I NOT RELATED TO THE TERMINAL DISEASE COOD TION GIVEN IN PART 1(0) 19 WAS AU OPSY PERFORMEN?
,	20- ACCIDENT WAT UNIOFPLYING TO 204 DESCRIBE HOW INCHIBY OCCURRE	YES NO.
	200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port 1 ar Port II of item 18)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour o.m. While Not while	ACE OF INJURY (Home, farm, i 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	p. m. 19 of work at work	
	21 I certify that (I) (this haspital) attended the deceased fram	. 19 that (1) (we) last
		death accurred at M, from the causes and on the date stated abave
	220 SIGNATURE	ATTENDING MED STAFF 226, DATE
	22c PHYSICIAMS	M.D PHYS DIRECTOR PHYS 2
	NAME (Type) & OULS 6, GY	Mark I Way to Man 1
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town or county) (State)
	PEMOVAL (Specify)	0 8
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
i	John to Bost BOOMSBORD M	(ID. DATE MAY 31 '61 Coulmy & Knows
	[



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission PLACE OF DEATH a. COUNTY g. STATE **b.** COUNTY MARYLAND MARVLAND WASHINGTON WASHINGTON Bra b CITY OR TOWN (If outside corporate limits, write D B c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ■y the fune d 2 should t HAGEIZSTOWN 0 HAGERSTOWN 3 HOURS d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM? EAST YES NO D +12BW Co.__ HOS PITAL DR. puo filled in NAME OF First Middle 4. DATE Year DECEASED death. Pages (Type or print) DEATH A 12 12 19 (01 WEAVER IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH thday) DIVORCED | WIDOWED X papers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) OHO WASH . CO. M.D. TARMER pou TURIZO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 physician c remaye WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. EAST FIRST event af≣nding at 1 please any 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO 1 bros Canditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost. burial-transit peen PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY crematian PERFORMED? 튄 has YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18) certificate The 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not while of work all work Ď, m Affer 21. I certify that (1) (this hospital) attended the deceased from 7 13.1 M - M 24 M. May 1, 1961, that (i) (we) last ta // detached saw the deceased alive an. IUNER IL DIRECTOR: 22a. SIGN TURE SIGNED ATTENDING PHYS MED DIRECTOR STAFF 8 ned Board 22c. PHYS CIANT 22d, ADDRESS 3 shauld State 23b. DATE THEREOF 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City. page REMOVAL (Specify) 9 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR DATE MAY Calling & Kinna 1SM 9/59



VS. A15ME(5) 5M 9/55

WARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	BAL	TIMORE,	18
MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF	DEATH	

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Reg. Dist. No.
---------	------------	-------------	----------	----------------

61	76 ME	DICA	L EXAMINER'S	CERTIFICA	TE OF I	DEATH	Reg. Dist. No	H5163
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased	l lived. If Instituti	ion: Residence be	fore admission)
6. COUNTY	in ton		MARYLAND	oustate	٠,	b. COUNTY	ton	
b. CITY OR TOWN (f outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I				earest town)
Cave to			7 Yrs	X Caveto	own			
		f not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE		
Church	S.t.			Ohurch		YES NO		
3. NAME OF	Fire	4	Middle	Leet Car Car	1 St	Month	Doy	Year
DECEASED (Type or print)					OF DEATH	ninom.		
5. SEX	BENJALIN			LLER DATE OF BIRTH		AGE (In yours	1931	19 IF UNDER 24 HRS.
31 4						lost birthday)	Months Days	Hours Min.
-ale	Thi te	WIDOWEI	7000		881 1	79 yn. [The same and	
during most of working	ON (Give kind of work of ng life, even if retired)	lone 10b. K	IND OF BUSINESS OR INDUST	TO SULL	r or foreign cou	niry)d.		F WHAT COUNTRYS
r'armer			Retired	"Jifesv:		red. Co	UE.	A
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Jonn				Lary 1	L. Gro	sanickl	e	
15. WAS DECEASED EV	PER IN U. S. ARMED FOR all yes, give wor or doles of a		SOCIAL SECURITY NO. 17. IN	IFORMANT		Address		
No			None ire	Helen .	Bushe	v Churc	ch St	
18. CAUSE OF DEA	TH Enter only one cou	e per line l		Q Caveto			INTE	RVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:		Commence	Ocelus	2		ONS	T AND DEATH
2 60X	IMMEDIATE CAUSE (6)		Conversely -		1			7
Conditions, if o	one subtable to the	1		1	1	1		1116-
gave rise to Imme	diote couse	7	my av	an ju	cerr	-Co		0 1-4
(a), stoling the	underlying DUE TO	(d'ilitia				/	olen
	HER SIGNIFICANT CONI	IITIONS CO	INTRIBUTING TO DEATH BUT N	OT PELATED TO THE TERM	UNIAL DISEASE A	ONDITION GIVE	N IN PART LOUIS	. WAS AUTOPSY
PART II. OII	IER SIGNIFICANT CONT	7110A43 <u>CC</u>	NATIONAL TO DEATH BOTTA	OI KEDGED TO THE TERM	UNAL DIDEASE 1	COMBINON GIVE		PERFORMED?
PART II. OTH	DEF 1446	22562126						YES NO.2
PRIMARY ar CO	NTRIBUTING 🔲 📗	DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Po	rt I or Port II of	ifem I(I.)		
20c. TIME OF INJU	RY Month, Day, Yea	r 20d. i White		E OF INJURY (Home, formary, street, office bldg., etc.)	n. i 20f. (City o	r town)	(County)	(State)
p. m.	19	at wo	rk at work					
21. I certify ti	nat I took charge	of the r	emains described above	ve, held an Autops	y 🔲, Ins	pection 🚄 🛪	Inquiry 🗍	, and find that
death resulted	from Natural	auses 🗗	Accident [], Suid	ide . Homicide	e 🗍. Und	letermined co	use 🗍.	
	1	1	X		hand.		- Land	
ACTUAL.	1. 111	10	W)	M.D. CHIEF MEDICAL E	XAMINER		6	DATE SIGNED
SIGNATURE	year so	. g		_MLD. ASSISTANT MEDIC	-		9/1/	
EXAMINER'S NAME (Type)	7- EW	77	7-4. 2	DEPUTY MEDICAL		_	// "	7
220. BURIAL, CREMATIC	ON. 1925. DATE THEREO	74-	22c. NAME OF CEMETERY OR			ON (City, town, or	r county)	/States
REMOVAL (Specify)				v.			• •	(Stote)
Eurial 23. FUNERAL DIRECTOR	B/3/61		Rose Hill (enetery	D BY REGISTRA	r stown	IRAR'S SIGNATU	
Andrew	Le COTTLE	n ria	geratorn Ld.	DATE	Y 4 '61	La.	hur I time	U.S.



TO HOSP

VR A15 (4) 15M II/5II

OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06164

1. PLACE OF DEATH .	ā. V W		MARYL		USUAL RESIDEN D. STATE		Ь	If institution. COUNTY	on Residence	before adm	nssron)
L CITY OF TOWN	Washingto		c. LENGTH OF STAY II		CITY OR TOV	rylar		site surite P		hingt	
RURAL and give r	earest town)				c. CITT OK 104	ALA (IL OUISIC	ie corporote iin	nirs, write K	OKVE DUR AL	ve neuresi iu	will
Ha g e	TAL (If not in hospital,	anya strant o	Life_		d STREET ADD	agers	stown			a IS P	ESIDENCE
OR INSTITUTION	ton Coun						High	wa v		ON	A FARM?
3. NAME OF										- 1	
DECEASED (Type or print)		ther	Wiebel	Jr.	Last		DATE OF DEATH		y 14		19 61
S SEX			ED NEVER MARRIED		ATE OF BIRTH	0.0	9. AG	E (In years bighday)	Months I	YEAR IF UN	
Male	White	WIDOWE			bruary						
10a USUAL OCCUPATE during most of wor	ON (Give kind of work king life, even if retired	dane 10b. K	(IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	E (State or fo	preign country)		12, CITIZ	EN OF WHA	I COUNTRY
	er		Tavern					Md.			
13. FATHER'S NAME	2.71 1 0			114	MOTHER'S MA			8 4.9.			
	L. Wiebel					na Ho	ckers				
15. WAS DECEASED EV	R IN U.S. ARMED FOI (If yes, give war or dates of	RCES? 16, 5	SOCIAL SECURITY NO	17, INFOR		7 7	372	Add		-4	. M.a
				Mrs.	Murie	L L.	Minni	cn i	ager	stwon	,a
	ATH Enter only one of									ONSET AN	BETWEEN DEATH
PART I DE.	ATH WAS CAUSED BY IMMEDIATE CAUSE (c	Hep	atic com	a						4 d	
5 8	3 × DUE TO									h 2	
Conditions, if		, Acu	te yellow	atr	ophy of	f the	live	r .		4 d.	ays
gave rise to Cause (a), stating)									
lying cause last.											
	HER SIGNIFICANT CON MONITIE	IDITIONS CO	ONTRIBUTING TO DEA	<u>IH</u> BUT NO1	RELATED TO TH	IE TERMINAL	DISEASE CON	DITION GIA	'EN IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	iter nature of in	jury in Part	or Part II of i	tem 18)		-	
	RY Month, Day, Ye			20e. PLACE	OF INJURY (Hon	ne, form, 2	Of. (City or lov	rn)	(Cc	punty)	(Stote
Hour o.m.	19	While of work	Not while	τοειοτγ,	street, office bl	ug., etc.)					
21 I cortify the	or the trible XXXXXX	16 attende	ad the deceased f	rom Ma	y 11	106]	May	14	161	, that (I)	(wa) lar
sow the decen	sed chive on MA	v 14	19.61, and	hat deat	a accurred o	8:45	from the c	olkes or	d on the	date state	ed abave
22a SIGNATURE	77 1	1	and and a	nar gear			dire the C	GOSCS (JI	a on me		22h DATE
1/1	It / lam	m. h	8	M D	ATTENDING PHYS	MED DIRECT	OR PHY	FF (S		5-16	-6The
22c PHYSICIAN'S	W 100 T		M D		22d. ADDRESS				al Ar	ts Bl	dg.
NAME (Type)	H. C. L.	аушал	1, M.D.				rstown				
23a BURIAL, CREMATIC	ON, 236 DATE THERE	OF TO	23c NAME OF CEME	TERY OR CR			LOCATION (City, town,	or county)		tole)
REMOVAL (Specify	5-17-		Rose Hi	ll Ce	metery		age	rsto	wn,	md.	
24. FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS		25	io. REC'D BY	REGISTRAR		STRAR'S SIG	NATURE	
Scott E.	Minnich	& Sor	Hagers	turwn.	Md n	ATE MAY	1 8 '61	4	Almor P	House.	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

06162

6	178		CERTIFICA	TE OF DEATH				11:	010	1+3
PLACE OF DEATH o. COUNTY	Washingto	n	MARYLAND	2. USUAL RESIDENCE (WI	here deceased I	ived. If institution b. COUNTY		ice befor		ion)
RURAL ond give ne Route 40 i		e near	Hancock Md	c. CITY OR TOWN (IF C Cumberlar d. STREET ADDRESS		te limits, write R	URAL ond	0	e. IS RES	IDENCE
				813 Ya	ale Str	eet				HO A
NAME OF DECEASED (Type or print)	Ruth	rst	Marie V	losi Voltz	4. DATE OF DEATH	May	th 2!	Do;		rear 19 <i>(</i>
Female	6. COLOR OR RACE White	7. MARRIED WIDOWED [NEVER MARRIED	Sept 3, 1919		AGE (In years lost birthday)	Months	Days	Hours Hours	R 24 HRS. Min.
Housekee	ing life, even if retired	1	of Business or Indu	STRY 11. BIRTHPLACE (Slote Maryla	and	ntry)	12. CIT		· S.	OUNTRY?
Jos	eph J. Go	odyear		14. MOTHER'S MAIDEN I	rame Frost					
No	R IN U. S. ARMED FOR	service)	W:	NFORMANT Illiam G. Wolt		813 Yal Cumberl	e Stand,	Mar	ylan	
Conditions, if of gove rise to it couse (o), stoting	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO		main	Tuna	r(2)			ET AND	
PART II. OTH) (e		TRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PAI	RT 1(0) 1	9. WAS PERFO	RMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCURRI	D. (Enter noture of injury in	Port I or Port I	of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While of work		ACE OF INJURY (Home, form ctory, street, office bldg., atc		er Jown)	(County)		(Stole)
21. I certify that saw the deceas		l) attended	the deceased from.	//	61 ta_7	he couses an	19., 19., d an th			we) last abave.
22c. PHYSICIAN'S NAME (Type)	1. take	wds	ler		ED.	STAFF PHYS.		57	27/	SIGNED
3a. BURIAL, CREMATIO REMOVAL (Specify) Burial			Greenmount			ON (City, town,		arl an	(Stot	e}

Greenmount Cemetery

Marylan d

ADDRESS

Cumberland

Cumberland

250. REC'D BY REGISTRAR MAY 2 9 '61 and Maryland 25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and rumpletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

after death. Page 4

TO HOSP VR A15 (4) 1SM 9/59

May 28,1961

24. FUNERAL DIRECTOR'S SIGNATURE Ruth E. Silcox

1-34 - W - W THE THE PERSON LINES BY LAND TO HOSPIT DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h after death. Page 4 may be standed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be Titled with the State Board of Health priar to burial, crematian, or remayal, and in any event within 72 hours after death.

VR A1S (4) 15M 9/59

MADVIAND STATE DEPARTMENT OF HEALTH 6179

DIAISION OF	F STATISTICAL RESEARCH AND RECORDS — BALTIMO CERTIFICATE OF DEATH	JRE I, MARTLAND

	OFFA		CERTIF	ICA	TE OF DEATH	1		-1-1	0616	is
1. PLACE OF o. COUNTY			MARY	LAND	2. USUAL RESIDENCE (V	Vhere decease	d lived. If insti b. COUI	ITV	llegar	
b. CITY OR	TOWN (If outside corporal	te limits, write	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (If		prote limits, wri			
Ten en	nd give nearest tawn)		7 Dame		734 Bak	er St	- Cumb	erland	l. Md.	
d. NAME C	OF HOSPITAL (If not in bosp	oitol, give street o	7 Days		d. STREET ADDRESS		A B	CZ ZGIIO	e. IS RES	SIDENCE
	ancock Rest	Home			734 Bake	r St.	01	09-		NO X
3. NAME OF DECEASED (Type or pr	int) David	First	Middle Penelto		Ziler	4. DATE OF DEATH		Month	Day	Year 1961
S. SEX	6. COLOR OR F		IED NEVER MARRI		8. DATE OF SIRTH		9. AGE (In ye		TYEAR IF UND	
78	187	WIDOWE	_	_	4/16/1869		92	yrs. Months	Days Hours	Min.
10a. USUAL O	CCUPATION (Give kind of		THE SECOND CO.	- 1		te or foreign c			ZEN OF WHAT	COUNTRY
during me	ost of working life, even if red Wreck Ma	retired)	Railroad		Doe Gull				S.A.	
13. FATHER'S	NAME				14. MOTHER'S MAIDEN					
	Wilson	Ziler			Eliza	beth	Cosgro	ve		
15. WAS DECE	ASED EVER IN U. S. ARMEE	FORCES? 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT			Address		
no.	own) (If yes, give war or do	ites of service)		Mr	. Edward G	hiv Zi	ler. (umberl	and. I	Md -
	SE OF DEATH Enter only o	one couse per lin	e for (a), (b), and (c).		/		2023	CINO OL 2	I INTERVAL BI	ETWEEN
	ART I. DEATH WAS CAUSED	8Y:	3	-	- /				ONSET AND	DEATH
	IMMEDIATE CAL	, ,	Tongry	00	curr				den	720
	763	UE TO	CUD						200	10
	ons, if ony, which	(b) 4-	TU		,				200	,
), stating the under-	UE TO								
_	iuse lost.	(c)							1	
NO PA	urt II. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER.	MINAL DISEAS	E CONDITION	GIVEN IN PART	1 1(a) 19. WAS PERFO YES	ORMED?
20a, ACC	IDENT WAS UNDERLYING : RIBUTING CAUSE OF D R. NOTIFY MEDICAL EXAMI	EATH NER) 206. DESC	CRIBE HOW INJURY O	CCURRE). (Enter noture of injury i	n Part I or Por	r) II of item 18.			
	OF INJURY Month, Day ir a.m. p.m.	y, Year 20d. IN While at wark	NOT While	20e. PLA	ACE OF INJURY (Hame, for tary, street, office bldg., e	rm, 20f. (City	y or town)	(C	ounty)	(State
	rtify that (I) (this has					96/to			/, that (1)	
	deceased alive an	4-27	196/ and	that d	eath accurred at 2:0	M, fram	the causes	and an the		
220. SIGN	LB Thomas	IM.L	l.		M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	4	5-1-1	SIGNET
22c. PHYS	CIAN'S B TH	TOMAS.	THE MI, I	7,	HANC	OCK			1	1d.
	L (Specify)	HEREOF 1961	23c. NAME OF CEM SS. Peter				TION (City, too	7 7	Md.	ite)
Burl 24 FUNERALI	DIRECTOR'S SIGNATURE	, Tagt	ADDRESS	CC	Paul Cemet			EGISTRAR'S SIG		
James		elli. C	umberlan	d, N			01	Cirthung S.	1.4	

